

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87324

1. Entity Name

GOLD COAST SIGNS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90033 018 ***150.00

Principal Place of Business

2732 NORMAN DR
W PALM BCH FL 33409

Mailing Address

2732 NORMAN DR
W PALM BCH FL 33409-5222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0204824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACHARY H. CHASE
4038 BARCELONA ST SE
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Zachary H. Chase

ZACHARY H. CHASE

DATE

5/1/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	CHASE, ZACHARY H.	
STREET ADDRESS	4038 BARCELONA ST SE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEATHER H. CHASE	
STREET ADDRESS	901 LAKE SHORE DRIVE, #106	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THEODORE S. CHASE	
STREET ADDRESS	901 LAKE SHORE DRIVE, #106	
CITY-ST-ZIP	LAKE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THEODORE S. CHASE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE S. CHASE

Date

Daytime Phone #

5/1/00 501 6897446

CR2E034 (9/99)