## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 26, 2002 8:00 am § Secretary of State P01000010498 DOCUMENT # 1. Entity Name GULFSHORE REALTY, INC. 03-26-2002 90066 021 \*\*\*150.00 Principal Place of Business Mailing Address 606 BALD EAGLE DR. STE 647 ( ) 606 BALD EAGLE DR. STE #1 (0 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 Principal Place of Business 3. Mailing Address 606 BALD EAGLE oud Baid Eagle Dil Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE STE STE 611 City & State 4. FEI Number 59-3694515 City & State Applied For FL MARCO BUAND varco island Not Applicable 34145 Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAREIS, KRISTINE M Street Address (P.O. Box Number is Not Acceptable) 606 BALD EAGLE DR, STE 617 MARCO ISLAND FL 34145 STE 611 RYARED 13LAND 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change BAREIS, KRISTINE M NAME NAME 606 BALD EAGLE DR, STE 617 STREET ADDRESS 604 BALD EAGLE DR STE 611 STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP MARCU ISLAND FL 34145 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ess, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IF

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED