

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90086 026 ***150.00

DOCUMENT # P93000040415

1. Entity Name
GULF SHORE INVESTMENTS, INC.

Principal Place of Business

**4001 TAMIAMI TRAIL NORTH
 SUITE 265
 NAPLES FL 34103
 US**

Mailing Address

**4001 TAMIAMI TRAIL NORTH
 SUITE 265
 NAPLES FL 34103
 US**



2. Principal Place of Business

~~4001 Tamiami Trail N.
 Suite, Apt. #, etc.~~

3. Mailing Address

**4901 Tamiami Trail North
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number **65-0418718**

Applied For
 Not Applicable

Zip **34103**

Country **US**

Zip **34103**

Country **US**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**US INVESTOR SERVICES, INC.
 4901 TAMIAMI TRAIL NORTH
 NAPLES FL 34103-3010**

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D FILTHAUT, RAINER N 2680 LANTERN LANE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rainer N. Filthaut* **REQUIRE** Rainer N. Filthaut 1/26/02 941 213 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)