

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90628 027 ***150.00

DOCUMENT # P95000047563

1. Entity Name
GULF COAST REALTY AND INVESTMENT, INC.

Principal Place of Business 3047 ESTERO BLVD. FT MYERS BEACH FL 33931 US	Mailing Address 3047 ESTERO BLVD. FT MYERS BEACH FL 33931 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14013 Image LAKE Court Suite, Apt. #, etc.	3. Mailing Address 14013 Image LAKE Ct Suite, Apt. #, etc.
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City & State FT MYERS, FL	City & State FT MYERS, FL	4. FEI Number 65-0596283	Applied For <input type="checkbox"/> Not Applicable
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Zip 33907	Country USA	Zip 33902	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MELONIS, PETE 14830 CRYSTAL COVE COURT #602 FT. MEYERS FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14013 Image LAKE Ct City FT MYERS FL Zip Code 33907
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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 *Peter Melonis* DATE 3-3-01

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MELONIS, PETE 14830 CRYSTAL COVE CT., #602 FT. MEYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 14013 Image LAKE Ct FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELONIS, DIXIE 14830 CRYSTAL COVE CT., #602 FT. MEYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 14013 Image LAKE Ct FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Peter Melonis* Date 3-3-01 Daytime Phone # 941-415-1044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)