

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90144 019 ***150.00

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1. Entity Name

GULFCOAST HEALTHSTYLE CORP.

Principal Place of Business

Mailing Address

P.O. BOX 8126
 LONGBOAT KEY FL 34228
 US

P.O. BOX 8126
 LONGBOAT KEY FL 34228-8126
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3347747**

Applied For
 Not Applicable

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

WISH, PETER A.
3626 FAIR OAKS PLACE
LONGBOAT KEY FL 34228

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	WISH, PETER A DR.		
3626 FAIR OAKS PLACE	3626 FAIR OAKS PLACE		
LONGBOAT KEY FL 34228	LONGBOAT KEY FL 34228		
STD	WISH, LESLIEBETH DR.		
3626 FAIR OAKS PLACE	3626 FAIR OAKS PLACE		
LONGBOAT KEY FL 34228	LONGBOAT KEY FL 34228		

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 A. Wish* **PETER A. WISH**

Date **4/20/2000** Daytime Phone # **941-387-8686**

CR2E034 (9/99)