

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009769

1. Entity Name

GULF SHORE CREDIT CORP.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90018 018 ***150.00

Principal Place of Business

Mailing Address

**2110 NORTH TAMiami TRAIL
 NOKOMIS FL 34275**

**2110 NORTH TAMiami TRAIL
 NOKOMIS FL 34275-1460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0561862**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GERZENY, RUBEN
 2110 NORTH TAMiami TRAIL
 NOKOMIS FL 34275**

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

3/20/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GERZENY, RUBEN	
STREET ADDRESS	224 KEEL WAY	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERZENY, BEVERLY	
STREET ADDRESS	224 KEEL WAY	
CITY-ST-ZIP	OSPREY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GERZENY, STEVEN	
STREET ADDRESS	2110 N. TAMiami TRAIL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DAVIDSON, EDDIE	
STREET ADDRESS	2110 N. TAMiami TRAIL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GERZENY, DAVID	
STREET ADDRESS	2110 N. TAMiami TARIL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GERZENY, MATTHEW	
STREET ADDRESS	2110 N. TAMiami TRAIL	
CITY-ST-ZIP	NOKOMIS FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 another like empowered.

SIGNATURE: *Eddie Davidson* **EDDIE DAVIDSON**

Date: *03-14-00*

Daytime Phone #: *941-466-2182*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)