DOCUMENT # 589128 1. Entity Name

GOLD COAST SERVICES, INC.

Principal Place of Business Mailing Address 1101 GULF BREEZE PKWY P.O. BOX 388

FILED Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90143 012 ***150.00

357 GULF BREEZE FL 32561		P.O. BOX 388 GULF BREEZE FL 32562						
us		US			1 1886 B)	III BIBII BIBII BIB	. 758-75-75-	=
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. F	4. FEI Number 59-1851420 Applied For Not Applicable			
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required	litional d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					ĺ
	erts, patricia lee ! Ensenada tres	Street Addres		ess (P.O. B	Box Number is Not Acceptable)			
	SACOLA BEACH FL 32561		 					ĺ
			City		FL	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or reg	istered ag	ent, or both, in the State of Florida.			
								ĺ
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature re	quired when re	einstating) DATE		 -	
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150.00		40 Floation Compaign Figureian		0	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Financing Trust Fund Contribution.	⇒5.00 Added	May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	١.
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition	9
NAME	ROBERTS, PATRICIA LEE		NAME STREET ADDRESS					٤
STREET ADDRESS CITY-ST-ZIP	1762 ENSENADA TRES		CITY-ST-ZIP					3
TITLE	PENSACOLA BCH FL 32561	□ Delete	TITLE			Change	Addition	֓֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
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NAME		•	NAME				ļ	l
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
GHT-SI-ZIF			■ Litt-at-Air					

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

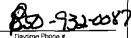
☐ Delete

SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP



Change

☐ Addition