

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91212 049 ***160.00

DOCUMENT # 623280

1. Entity Name
GOLD COAST PRINTING, INC.



Principal Place of Business
2015 N DIXIE HWY
W PALM BCH, FL 33407 US

Mailing Address
2015 N DIXIE HWY
W PALM BCH, FL 33407 US

11005178

2. Principal Place of Business
2778 S. Ocean Blvd
Suite, Apt. #, etc.
107N

3. Mailing Address
2778 S Ocean Blvd
Suite, Apt. #, etc.
107N



CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Palm Beach FL

City & State
Palm Beach FL

Zip
33480 Country
Palm Beach 33480 Palm Beach

4. FEI Number
59-1871679

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BICKING, ORVEL
2015 N DIXIE HWY
W-PALM BCH, FL 33407

7. Name and Address of New Registered Agent
Name
Orvel Bicking
Street Address (P.O. Box Number is Not Acceptable)
2778 S. Ocean Blvd
107N
City
Palm Beach FL Zip Code
33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Orvel Bicking

Orvel Bicking 4-17-03
DATE



9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME BICKING, ORVEL	STREET ADDRESS 234 KENLYN RD.	CITY-ST-ZIP PALM BEACH, FL	<input type="checkbox"/> Delete
TITLE STD	NAME BICKING, GOROTIN	STREET ADDRESS 234 KENLYN RD.	CITY-ST-ZIP PALM BEACH, FL	<input type="checkbox"/> Delete
TITLE VP	NAME BICKING, STEVEN	STREET ADDRESS 2015 N DIXIE	CITY-ST-ZIP WEST PALM BEACH, FL 33407	<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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE Change	NAME BICKING, ORVEL	STREET ADDRESS 2778 S. Ocean Blvd	CITY-ST-ZIP 107N Palm Beach FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 included 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 10 or Block 11 if changed, or on an attachment with an address, with all other I/we empowered.

SIGNATURE: *Orvel Bicking*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03
Date

Daytime Phone #

CRFE034(10/02)