2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 679439 Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** GOLD COAST UTILITIES, INC. 02-03-2000 90038 007 ***150.00 Principal Place of Business Mailing Address 1006 FLOOD ST. 1006 FLOOD ST. P.O. BOX 12143 P.O. BOX 12143 FORT PIERCE FL 34979-2143 FORT PIERCE FL 34979 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2020089 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCLURE, GARY W. Street Address (P.O. Box Number is Not Acceptable) 1006 FLOOD ROAD FORT PIERCE FL 34982 Zip Code FL 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 SUE MCCLURE SIGNATURE ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE MCCLURE, SUE M. NAME NAME 1006 FLOOD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP Change Addition Delete TITLE MCCLURE, GARY W. NAME NAME STREET ADDRESS 1006 FLOOD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNAN

1-28-2000

54-465-5465

Daytime Phone #