

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20667

1. Entity Name
GULFSHORE PROPERTIES, INC.

Principal Place of Business

155 CRYSTAL BEACH DR.
STE 204
DESTIN FL 32541
US

Mailing Address

155 CRYSTAL BEACH DR.
STE 204
DESTIN FL 32541
US

2. Principal Place of Business

330 RUCKEL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

330 RUCKEL DRIVE

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

City & State

NICEVILLE, FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

59-2078996

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAFNER, ROBERT R
155 CRYSTAL BCH DR.
STE 204
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

330 RUCKEL DRIVE

City

NICEVILLE

FL

Zip Code
32578

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.

11

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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAFNER, ROBERT R. 330 RUCKEL DRIVE NICEVILLE FL 32578	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert R. Hafner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 (850) 678-6486

Date

Daytime Phone #