

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90014 012 \*\*\*150.00

**DOCUMENT # F82440**

1. Entity Name

**GULF TOWERS OF INDIAN ROCKS BEACH, INC.**

Principal Place of Business

**404 GULF BLVD  
INDIAN ROCKS FL 33785  
US**

Mailing Address

**404 GULF BLVD  
INDIAN ROCKS FL 33785  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2191177**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****SCHIEFER, MARILYN  
404 GULF BLVD  
INDIAN ROCKS BEACH FL 33785****7. Name and Address of New Registered Agent**

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

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, 2002, 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**TITLE ☐ Delete**P  
SCHIEFER, MARILYN  
404 GULF BLVD  
INDIAN ROCKS BCH, FL 00000**TITLE ☐ Delete**S  
SCHIEFER, KURT  
404 GULF BLVD  
INDIAN ROCKS BEACH FL**TITLE ☐ Delete**V  
SCHIEFER, OTTO  
404 GULF BLVD.  
INDIAN ROCKS BCH. FL**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)