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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 26, 2001 8:00 am **DOCUMENT # G71737 Secretary of State** GOLD COAST MANAGEMENT SYSTEMS, INC. 01-26-2001 90036 026 ***150.00 Principal Place of Business Mailing Address %EDWARD A GEARY %EDWARD A GEARY 510 S CAROLINA DRIVE 510 S CAROLINA DRIVE STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Ocean Blud. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City, & State 4. FEI Number Applied For 59-2379092 tuar Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEARY, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 27 EAST OCEAN BLVD. STUART FL 34994 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Addition TITLE PDGEARY, EDWARD A NAME GEARY, EDWARD A. 27 E. OCEAN BLVD. STREET ADDRESS 510 S. CAROLINA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 00000 STUART, FL 34994 TITLE ☐ Delete TITLE ☐ Addition NAME GEARY, CHARLES E. NAME GEARY, CHARLES E. STREET ADDRESS 510 S. CAROLINA AVENUE STREET ADDRESS 27 E. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP STUART FL STUART, FI 34994 TITLE ☐ Change ☐ Addition TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ambowered 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 applying the other like empowered.