2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7419 39TH COURT E

SARASOTA FL 34243

H08844 **DOCUMENT #**

1. Entity Name

Principal Place of Business

7419 39TH COURT E

SARASOTA FL 34243

MEDALLION HOMES GULF COAST, INC.



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

02-21-2003 90829 019 ***158.75

05 05					
2. Principal Place of Business 3. Mailing Address 3. Mailing Address					
ouite, Apt	. π, θιο.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	NG CHANGES
		Bradentow,	FL	4. FEI Number 59-2421001	Applied For Not Applicat
		34203	Country USA-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registers	d Agent
BERUFF, CARLOS M			Name	•	
7419 39 TH COURT E			Street Addres	ss (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34243					
0/11/21/001					
			City	F	· 1
The above the obligat	 named entity submits this statement for the titions of registered agent. 	ne purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I a	m familiar with, and accep
o ooga	sono or rogistored agent.				
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOT	E: Registered Agent signature requ	find when released -)	
· · · · · ·			z. nogistere rigent alginative requ	pired when reinstating) DATI	:
	TLE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	·		9. Election Campaign Financing	\$5.00 May Be
	k Payable to Florida Department of S	tate		Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE	PS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERUFF, CARLOS		NAME		
STREET ADDRESS CITY-ST-ZIP	4476 ASCOT CIRCLE N SARASOTA FL 34235		STREET ADDRESS		
TITLE	SANASOTA FL 54255	Delete	CITY-ST-ZIP		
NAME		☐ Delete	, TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	- m.	•
TOTLE		☐ Delete	TITLE		☐ Change ☐ Additio
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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NAME		L Delete	NAME		☐ Change ☐ Additio
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	-	Change Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		Change Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	-	
of the corp		red to execute this report a		Section 119.07(3)(i), Florida Statutes. I further c e same legal effect as if made under oath; that 07, Florida Statutes; and that my name appears	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR