

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90081 040 ***550.00

0129729 AT

DOCUMENT # H16834

1. Entity Name
GOLD COAST COMPUTER GROUP, INC.



Principal Place of Business
**3800 N. 28TH TERR.
HOLLYWOOD FL 33020
US**

Mailing Address
**P. O. BOX 222540
HOLLYWOOD FL 33022-2540
US**



2. Principal Place of Business
2126 Hollywood Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL 33020

City & State

4. FEI Number **59-2455483**

Applied For
Not Applicable

Zip **33020** Country **US**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORR, RICHARD
3800 N 28TH TERR
HOLLYWOOD FL 33020**

Name **Dorr, Richard**
Street Address (P.O. Box Number is Not Acceptable)
2126 Hollywood Blvd.

City **Hollywood** FL Zip Code **33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/03

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **DORR, RICHARD**
STREET ADDRESS **PO BOX 222540, N/A**
CITY-ST-ZIP **HOLLYWOOD FL 33022-2540**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/03 954 920 1877

Date

Daytime Phone #

CR2E034 (4/03)