

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008050

1. Entity Name

GULFSHORE SERVICES LLC.

Principal Place of Business

3073 CORTEZ BLVD.  
FORT MYERS FL 33901

Mailing Address

3073 CORTEZ BLVD.  
FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-102694

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIXON, ROBIN M  
3073 CORTEZ BLVD.  
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Kevin S. Mixon

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

3073 Cortez Blvd

City

Fort Myers

FL

Zip Code

33901

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

Kevin S. Mixon

*Kevin S. Mixon*

4-25-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

MGR  
GULFSHORE DESIGNS IN LANDSCAPING INC.  
3073 CORTEZ BLVD.  
FORT MYERS FL 33901

☐ Delete

10. ADDITIONS / CHANGES

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Kevin S. Mixon*

Kevin S. Mixon

4-25-02 (239)332-4915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

CR2E083 (9/01)