

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90083 005 ****50.00

DOCUMENT # L01000010161

1. Entity Name

GULFSTREAM DEVELOPMENT GROUP LLC

Principal Place of Business

**4821 CORONADO PARKWAY
CAPE CORAL FL 33904**

Mailing Address

**4821 CORONADO PARKWAY
CAPE CORAL FL 33904**

2. Principal Place of Business

4821 Coronado Parkway
Suite, Apt. #, etc.

3. Mailing Address

4821 Coronado Parkway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

4. FEI Number

65-1110365

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAAG, BRIAN
4821 CORONADO PARKWAY
CAPE CORAL FL 33904**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAAG, BRIAN	
STREET ADDRESS	4821 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X SIGNATURE REQUIRED

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

Date

Daytime Phone #

CP2E083 (9/01)