

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91462 041 ****50.00

DOCUMENT # L96000001130

1. Entity Name

GULFSHORE TITLE COMPANY, L.C.

Principal Place of Business

**3341 TAMiami TRAIL N
 NAPLES FL 34103**

Mailing Address

**3341 TAMiami TRAIL N
 NAPLES FL 34103**

2. Principal Place of Business

3337 TAMiami TRAIL N.

Suite, Apt. #, etc.

3. Mailing Address

3337 TAMiami TRAIL N.

Suite, Apt. #, etc.

City & State

NAPLES, FL 34103

Zip

Country

34103

City & State

NAPLES, FL 34103

Zip

Country

34103

4. FEI Number

59-3409989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GRANT, SCOTT M
 3341 TAMiami TRAIL N
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **GRANT, SCOTT M.**

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

3337 TAMiami TRAIL N.

City

NAPLES, FL 34103

FL

Zip Code

34103

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 **MGR** ☐ Delete
 NAME **GRANT, SCOTT M**
 STREET ADDRESS **3341 TAMiami TRAIL N**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **MEM** ☐ Delete
 NAME **GULFSHORE TITLE COMPANY**
 STREET ADDRESS **3341 TAMiami TRAIL N**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **MEM** ☐ Delete
 NAME **JOHN R. WOOD, INC.**
 STREET ADDRESS **3255 N TAMiami TRAIL**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3337 TAMiami TRAIL N.**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **3337 TAMiami TRAIL N.**
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TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-18-02 239-643-9800

CR2E083 (9/01)