2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90089 022 ***150.00

DOCUMENT # P00000039324

1. Entity Name
GULF FRONT REALTY, INC.

Principal Place of Business	Mailing Address
9369 E COUNTY HWY. 30-A PANAMA CITY BCH FL 32413	9369 E COUNTY HWY. 30-A PANAMA CITY BCH FL 32413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2129 S. Co. Hwy 83	2129 S. Co. Hwy 83
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Bch, FL.	City & State: Santa Rosa Bch, FL.
Zip: 32459 Country: Walton	Zip: 32459 Country: Walton

4. FEI Number 59-3641207 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARNSDORFF, H E III
97 ALEN LOOP DR
SANTA ROSA BCH FL 32459

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ARNSDORFF, H E III 97 ALEN LOOP DR SANTA ROSA BCH FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. E. Arnsdorff III — 1-16-01 — 1-850-622-1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #