

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90250 037 ***163.75

DOCUMENT # P00000067358

1. Entity Name

GULF COAST PROPERTIES OF S W FL, INC.

Principal Place of Business

**2090 MATECUMBE KEY ROAD
 UNIT 1101
 PUNTA GORDA FL 33955**

Mailing Address

**2090 MATECUMBE KEY ROAD
 UNIT 1101
 PUNTA GORDA FL 33955**

2. Principal Place of Business

**11627 Marshwood Lane
 Suite, Apt. #, etc.**

3. Mailing Address

**11627 Marshwood Lane
 Suite, Apt. #, etc.**

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-1026707

Applied For

Not Applicable

Zip

Country

33908

USA

Zip

Country

33908

USA

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

**KONSTANS, CONSTANTINE
 2090 MATECUMBE KEY ROAD
 UNIT 1101
 PUNTA GORDA FL 33955**

Name

same

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

11627 MARSHWOOD LANE

City

FORT MYERS

FL

Zip Code

33908

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 **PD** ☐ Delete
 NAME **KONSTANS, CONSTANTINE**
 STREET ADDRESS **2090 MATECUMBE KEY ROAD #1101**
 CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **SECRETARY/TREASURER** ☒ Change ☐ Addition
 NAME **DIRECTOR**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **President/ Director**
 STREET ADDRESS **Robert F. Milano**
 CITY-ST-ZIP **5370 Congo Court**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONSTANTINE KONSTANS

Date

Daytime Phone #

CR2E034 (10/00)