

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000067358

FILED
Sep 11, 2002
Secretary of State

Entity Name: GULF COAST PROPERTIES OF S W FL, INC.

Current Principal Place of Business:

11627 MARSHWOOD LANE
FORT MYERS, FL 33908

New Principal Place of Business:

5370 CONGO CT.
CAPE CORAL, FL 33904

Current Mailing Address:

11627 MARSHWOOD LANE
FORT MYERS, FL 33908

New Mailing Address:

5370 CONGO CT.
CAPE CORAL, FL 33904

FEI Number: 65-1026707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONSTANS, CONSTANTINE
11627 MARSHWOOD LANE
FORT MYERS, FL 33908

Name and Address of New Registered Agent:

MILANO, ROBERT F
5370 CONGO CT.
CAPE CORAL, FL 33904

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: ROBERT F. MILANO

09/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: KONSTANS, CONSTANTINE
Address: 2090 MATECUMBE KEY ROAD #1101
City-St-Zip: PUNTA GORDA, FL 33955

Title: PD (X) Delete
Name: MILANO, ROBERT F
Address: 53770 CONGO COURT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: MILANO, ROBERT F
Address: 5370 CONGO CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F. MILANO

PRES

09/11/2002

Electronic Signature of Signing Officer or Director

Date