

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90083 037 ***150.00

DOCUMENT # P00000075582

1. Entity Name

GULF COAST DEVELOPMENT
INC.



DO NOT WRITE IN THIS SPACE

90017712

2. Principal Place of Business

1679-GALLEON DR.

3. Mailing Address

1679-GALLEON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

4. FEI Number

59-3664169

Applied For

Not Applicable

Zip

34102

Country

COLLIER

Zip

34102

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOETTA ABBAZIO

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

1679-GALLEON DRIVE

City

NAPLES

FL

Zip Code

34102

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ABBAZIO, JOETTA D.
1679-GALLEON DRIVE
NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GERCITANO, FRANK
4862 SAN PABLO COURT
NAPLES FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joetta D. Abbazio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-03
President (239) 261-0788

CR2E034B (12/02)