FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 13, 2002 8:00 am P01000079435 DOCUMENT # **Secretary of State** 1. Entity Name GOLD COAST DESIGN GROUP, INC. 02-13-2002 90160 047 ***150.00 D COUST DSSIBN, STUDLE Principal Place of Business Mailing Address 300 PIERCE STREET #8 300 PIERCE STREET #8 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEL Number 65-1129237 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-SHEA-MARGARET Street Address (P.O. Box Number is Not Acceptable) 300 PIERCE STREET #8 HOLLYWOOD FL 33019 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) TITLE ☐ Addition Delete Delete Change SHEA, MARGARET NAME NAME 300 PIERCE STREET #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP ☐ Delete TITLE TITLE **L**Change ☐ Addition RICHARDS, JANET NAME NAME 300 PIERCE STREET #8 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP 333 or ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytin e Phone #

changed, or on an attachment

SIGNATURE: