

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90235 004 ***150.00

DOCUMENT # P01000099725

1. Entity Name
GOLD COAST SETTLEMENT SERVICES, INC.



Principal Place of Business
**900 S ANDREWS AVE
FT LAUDERDALE FL 33316-1000**

Mailing Address
**900 S ANDREWS AVE
FT LAUDERDALE FL 33316-1000**



2. Principal Place of Business
**10181 West Sample Road
Suite, Apt. #, etc.
#208**

3. Mailing Address
**10181 West Sample Road
Suite, Apt. #, etc.
#208**

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs, Florida

City & State
Coral Springs, Florida

4. FEI Number
65-1143612

Applied For
☐ Not Applicable

Zip Country
33065-3958 USA

Zip Country
33065-3958 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

**WITHERWAX, WENDI-SIOUX
10181 W SAMPLE RD #201
CORAL SPRINGS FL 33065-3958**

Name
Street Address (P.O. Box Number is Not Acceptable)
10181 West Sample Road, #208

City Zip Code
Coral Springs FL 33065-3958

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 **Wendi-Sioux Witherwax** 02/07/03
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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ROCHLIN, DEBRA P**
CITY-ST-ZIP **900 S ANDREWS AVE
FT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **CAWOOD, JOHN**
CITY-ST-ZIP **10181 W SAMPLE RD #201
CORAL SPRINGS FL 33065-3958**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Suite #208**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **WITHERWAX, WENDI-SIOUX**
CITY-ST-ZIP **10181 W SAMPLE RD #201
CORAL SPRINGS FL 33065-3958**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Suite #208**
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE **Wendi-Sioux Witherwax**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/20/03** Daytime Phone # **954 832-9009**

CR2E034 (10/02)