

FILED
Jul 09, 2002 8:00 am
Secretary of State

06-11-2002 90150 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

6/11

DOCUMENT # P01000107265

1. Entity Name

GOLD COAST DATA CORPORATION

Principal Place of Business

**19220 CLOISTER LAKE LANE
BOCA RATON FL 33498**

Mailing Address

**19220 CLOISTER LAKE LANE
BOCA RATON FL 33498****38251**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-1151054

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLIDEWELL, KAREN H
19220 CLOISTER LAKE LANE
BOCA RATON, FL 33498**

7. Name and Address of New Registered Agent

Name

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

City

FL

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's signature required when re-registering)

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	GLIDEWELL, KAREN H	19220 CLOISTER LAKE LANE	
		BOCA RATON FL 33498		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

Daytime Phone #

CP2E034 (9/01)

225 n.e. mizner blvd., ste. 250
boca raton, florida 33432

561 394 5100
561 750 9781 fax

www.kaufmanrossin.com

Attachment
PO1000107265
38251

June 6, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Gold Coast Data Corporation
EIN#: 65-1151054

Dear Sir or Madam:


We are the accountants for the above-mentioned taxpayer and have been asked to correspond of there behalf.

**KAUFMAN
ROSSIN &
CO.** PROFESSIONAL
ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS

Please be advised that the taxpayer was not aware at the time she received this notice that, this form needed to be filed. Upon retaining us as her accountants, we discovered the form among her paperwork and instructed her on the filing instructions and importance of filing. The taxpayer in no way deliberately tried to avoid complying with the State of Florida business laws, this was simply an oversight.

We respectfully request in light of the above information that all late fees be abated and that the company be reinstated. Enclosed please find a check in the amount of \$150.00 the original amount of the filing fee, as well as, the original form.. Please do not hesitate to contact the undersigned if you have any questions.

Very truly yours,


Henry W. Schade
Principal
Kaufman, Rossin & Co.

Enclosure

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