

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91177 025 \*\*\*158.75

**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

**40010626**



2. Principal Place of Business

**18744 Ocean mist Dr.**

3. Mailing Address

**18744 Ocean mist Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Boca Raton, FL**

City & State

**FL / Boca Raton**

4. FEI Number

**65-1151054**

Applied For

Not Applicable

Zip

**33498**

Country

**Palm Beach**

Zip

**33498**

Country

**Palm Beach**

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 **Karen H. Glidewell**

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

**18744 Ocean mist Drive**

City

**Boca Raton**

FL

Zip Code

**33498**

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

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Karen H. Glidewell</b>	
STREET ADDRESS	<b>18744 Ocean mist Dr.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33498</b>	
TITLE	<b>VM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Don J. Glidewell</b>	
STREET ADDRESS	<b>18744 Ocean mist Dr.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33498</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Karen H. Glidewell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Karen H. Glidewell**  
Date

**4/30/03**  
Daytime Phone #

**561-852-1200**  
Daytime Phone #

CR2E034 (10/02)