2003 FOR PROFIT CORPORATION

Feb 07, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P01000113972 DOCUMENT # 02-07-2003 90052 024 ***150.00 1. Entity Name GULFCOAST MARKETING AND MANAGEMENT SERVICES, INC Principal Place of Business Mailing Address 22005127 200 SOUTH WASHINGTON BLVD 200 SOUTH WASHINGTON BLVD SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 1430 N 1430 D leuniam uniani Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3759525 radota Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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. 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (10/02)TITLE ☐ Change Addition LUHRSEN, JEFFREY A NAME NAME STREET ADDRESS 200 S WASHINGTON BLVD SUITE 2 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE DS ☐ Delete TITLE ☐ Change Addition NAME LUHRSEN, JULIE S NAME STREET ADDRESS 200 S WASHINGTON BLVD SUITE 2 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete DVPT TITLE Change Addition NAME BOWER, MATTHEW J NAME STREET ADDRESS 200 S WASHINGTON BLVD SUITE 2 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED

CR2E034