

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90091 018 \*\*\*150.00

**DOCUMENT # P01000118658**

1. Entity Name  
**PREMIER GULF COAST PROPERTIES, INC.**



Principal Place of Business

~~3001 TAMiami TRN. STE 100~~  
~~NAPLES FL 34103~~

Mailing Address

~~3001 TAMiami TRN. STE 100~~  
~~NAPLES FL 34103~~

2. Principal Place of Business

**1185 IMMOKALEE Rd.**  
Suite, Apt. #, etc.  
**Suite 110**

3. Mailing Address

**P.O. Box 111688**  
Suite, Apt. #, etc.  
**—**

City & State

**N2plss, FL**

City & State

**N2plss, FL**

Zip

**34110**

Country

**Collier**

Zip

**34108**

Country

**Collier**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**68-0488920**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COX, JOE B**  
**3001 TAMiami TRN, STE 100**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Joe B. Cox**  
Street Address (P.O. Box Number is Not Acceptable)  
**1185 IMMOKALEE Rd.**  
**Suite 110**  
City **N2plss, FL** Zip Code **34110**

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 **Joe B. Cox Director** (NOTE: Registered Agent Signature required when reinstating) DATE **1-25-03**

**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 **D** ☐ Delete  
NAME **COX, JOE B**  
STREET ADDRESS **3001 TAMiami TRN, STE 100**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DPTS** ☐ Delete  
NAME **DAVIS, GARY**  
STREET ADDRESS **3001 TAMiami TRAIL NO. STE. 100**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☐ Change ☐ Addition  
NAME **Joe B. Cox**  
STREET ADDRESS **1185 IMMOKALEE Rd.**  
CITY-ST-ZIP **N2plss, FL 34110**

TITLE **DPTS** ☐ Change ☐ Addition  
NAME **GARY DAVIS**  
STREET ADDRESS **1185 IMMOKALEE Rd.**  
CITY-ST-ZIP **N2plss, FL 34110**

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

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

TITLE ☐ Change ☐ Addition  
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: **Joe B. Cox** 1-25-03 1-239-654-4445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)