

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90210 010 \*\*\*158.75

DOCUMENT # P02000045471

1. Entity Name  
GULF SHORE DESIGN, INC.



Principal Place of Business  
3200 AUSTIN STREET  
SARASOTA FL 34231

Mailing Address  
3200 AUSTIN STREET  
SARASOTA FL 34231

2. Principal Place of Business  
2142 20th ST.  
Suite, Apt. #, etc.

3. Mailing Address  
3200 AUSTIN ST.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
SARASOTA, FLORIDA  
Zip  
34234 Country  
USA

City & State  
SARASOTA, FLORIDA  
Zip  
34231 Country  
USA

4. FEI Number  
03-0431250

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHERR, DONALD M  
3859 BEE RIDGE ROAD SUITE 101  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name  
Brent Myers  
Street Address (P.O. Box Number is Not Acceptable)  
3859 Bee Ridge Road Suite 101  
City  
SARASOTA FL Zip Code  
34233

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 Brent Myers CPA  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03  
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 NAME STREET ADDRESS CITY-ST-ZIP	D SNOWDEN, GEORGE T 3200 AUSTIN STREET SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GALINA L. SNOWDEN 3200 AUSTIN ST. 34231 SARASOTA, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYSTEM ENGINEER/MANAGER DIRECTOR SERGEY SAKETSOV 3200 AUSTIN ST. SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GALINA L. SNOWDEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28, 03 941-9259620  
Date Daytime Phone #

CR2E034 (10/02)