FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90376 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

11038524

DOCUMENT # P02000078912

1. Entity Name
GULF COAST SENIOR ADVISORS, INC.

Principal Place of Business	Mailing Address
~~201 W MARION AVENUE SUITE 203~~	~~201 W MARION AVENUE SUITE 203~~
PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950

2. Principal Place of Business	3. Mailing Address
2705 Tamiami Trail	2705 Tamiami Trail
Suite, Apt. #, etc. Suite 211	Suite, Apt. #, etc. Suite 211
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number — Applied For / ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAYWELL, JAMES W
~~201 W MARION AVENUE SUITE 207~~
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2705 Tamiami Trail, Suite 211

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James W. Kaywell 4/30/03
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	D	☐ Delete
NAME	KARAZULAS, GREGORY J	
STREET ADDRESS	201 W MARION AVENUE SUITE 203	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	☐ Delete
NAME	KAYWELL, JAMES W	
STREET ADDRESS	201 W MARION AVENUE SUITE 207	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: James W. Kaywell 4/30/03 941 639-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #