

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90218 026 ***158.75

DOCUMENT #

1. Entity Name

Gulf Coast Supportive Living, Inc.
P02000107177



00014444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1323 SE 37th LN

3. Mailing Address

1323 SE 37th LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number 46-0503121

Applied For
Not Applicable

Zip
33904

Country
USA

Zip
33904

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Juliana I. Casey

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

1323 SE 37th LN

City Cape Coral FL Zip Code
33904

6. 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 translating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President Juliana I. Casey 1323 SE 37th LN Cape Coral FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Matthew L. Casey 1323 SE 37th LN Cape Coral FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like employees.

SIGNATURE:

Juliana I. Casey

Juliana I. Casey

01/21/03

239-691-2082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)