

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90147 041 \*\*\*150.00

<b>DOCUMENT # P02000126656</b> 1. Entity Name <b>BOSSHARDT REALTY SERVICES OF GULF COAST, INC.</b>																											
Principal Place of Business <b>5542 NW 43 STREET</b> <b>GAINESVILLE FL 34653</b>		Mailing Address <b>5542 NW 43 STREET</b> <b>GAINESVILLE FL 34653</b>																									
2. Principal Place of Business <b>6751 Professional Pkwy W.</b> Suite, Apt. #, etc. <b>Suite # 101</b> City & State <b>Sarasota, FL</b> Zip <b>34240</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number <b>22-3884884</b>		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>BOSSHARDT, CAROL R</b> <b>5542 NW 43 STREET</b> <b>GAINESVILLE FL 34653</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP</b>  <b>BOSSHARDT, CAROL R</b>  <b>5542 NW 43 STREET</b>  <b>GAINESVILLE FL 34653</b> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BOSSHARDT, CAROL R</b> <b>5542 NW 43 STREET</b> <b>GAINESVILLE FL 34653</b>	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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP</b>  <b>Minton, Dave</b>  <b>6751 Professional Pkwy W Ste # 101</b>  <b>Sarasota, FL 34240</b> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Minton, Dave</b> <b>6751 Professional Pkwy W Ste # 101</b> <b>Sarasota, FL 34240</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

CR2034 (10/02)