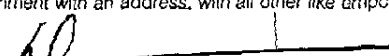


FILED

Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000134495				Feb 06, 2006 08:00 AM Secretary of State																									
1. Entity Name GULF VILLAS DEVELOPMENT, INC.																													
Principal Place of Business 7092 PLACIDA ROAD CAPE HAZE FL 33946 US		Mailing Address 7092 PLACIDA ROAD CAPE HAZE FL 33946 US																											
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)																									
City & State		City & State		4. FEI Number 02-0660652 Applied For Not Applied																									
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BECKSTEAD, DEAN L 7092 PLACIDA RD. CAPE HAZE FL 33946				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 				1/31/06 591-697-7267																									