

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90077 003 ***150.00

DOCUMENT # P93000025557

1. Entity Name
GULF SHORE TITLE COMPANY

Principal Place of Business

3341 TAMiami TR N
NAPLES FL 34103
US

Mailing Address

3341 TAMiami TR N
NAPLES FL 34103
US

2. Principal Place of Business

3337 TAMiami TRAIL N.
 Suite, Apt. #, etc.

3. Mailing Address

3337 TAMiami TRAIL N.
 Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3174268

Applied For

Not Applicable

Zip

Country

34103

Zip

Country

34103

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, SCOTT M.
3341 TAMiami TR N
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

GRANT, SCOTT M.

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

3337 TAMiami TRAIL N.

City

NAPLES

FL

Zip Code

34103

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.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTSD**
STREET ADDRESS **GRANT, SCOTT**
CITY-ST-ZIP **3341 TAMiami TR N**
NAPLES FL

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **GRANT, LISA F**
CITY-ST-ZIP **3341 TAMiami TR N**
NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3337 TAMiami TRAIL N.**
CITY-ST-ZIP **NAPLES, FL 34103**

☒ Change ☐ Addition
TITLE
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CITY-ST-ZIP **NAPLES, FL 34103**

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)