

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010502

1. Entity Name

GULFSHORE KITCHENS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 027 ***150.00

Principal Place of Business

Mailing Address

8951 BONITA BEACH RD
SUITE 660
BONITA SPRINGS FL 33923

P.O. BOX 2201
SUITE 245
BONITA SPRINGS FL 34133-2201

2. Principal Place of Business

3. Mailing Address

8951 Bonita Beach Road

P.O. Box 2201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 245

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

Zip

Country

Zip

Country

34135

Lee

34133

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0472135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OKLAPEK, ROBERT A
8951 BONITA BEACH RD
SUITE 245
BONITA SPRINGS FL 34135

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.

SIGNATURE

Signature, typed 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTs ☐ Delete
NAME OKLAPEK, ROBERT
STREET ADDRESS 8651 BONITA BEACH RD #660
CITY-ST-ZIP BONITA SPRINGS FL

TITLE PVTs ☒ Change ☐ Addition
NAME OKLAPEK, Robert
STREET ADDRESS 8951 Bonita Beach Rd #245
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00

941-992-4844

CR2E034 (9/99)