## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** m

DOCUMENT # 79500000 9824  1. Entity Name  GOLD COAST 2,000 INVESTMENTS, INC.				May 15, 2002 8:00 am Secretary of State 05-15-2002 90061 046 ***150.00	
Principal	Place of Business		INC.		
139 Cc	OLONADE CIR.	Mailing Address			
NAPL	ES, 7L 34103				
2. Principa	al Place of Business	3. Mailing Address	.079	*	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	•
City & S		City & State 80N/TA SP	PRINGS, FL	4. FEI Number   Applied For	]
Zip	Country	2ip (24/33	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent	-
:	MANTRED WETTLAL	ITER)		:	ľ
	1/39 COLONADE C	12.	Street Address	ss (P.O. Box Number is Not Acceptable)	1
	NAPLES, FL 34103	3			
9 The Show			City	Zip Code	
• mejabov	e named entity submits this statement for t	the purpose of changing it	ts registered office or regist	tered agent, or both, in the State of Florida.	l I
SIGNATURE	Signature, typed or printed name of registered agent and	titile if applicable. (NC	DTE: Registered Agent signature require		
- lax tiling	poration is eligible to satisfy its Intangible requirement and elects to do so. eria on back)	FILE NOW After MAY 1, 2	/III FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of St	10. Election Campaign Financing \$5.00 May Ro	
11.	OFFICERS AND DI		12.	ALC: 10 rees	
TITLE NAME	DRSTV MANFRED WETTLAUTE	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u>6</u>
STREET ADDRESS CITY-ST-ZIP	189 COONADECIR. NAPLES, FL 84103	-160 	NAME STREET ADDRESS	_ Sharge _ Addition	34 (11/00)
TITLE	NAPLES, 4L 34103	Delete	CITY-ST-ZIP		
NAME STREET ADDRESS		L_1 Delete	TITLE NAME	☐ Change ☐ Addition E	CRZEC
DITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
ITLE	· · · · · · · ·	Delete	TITLE		
TREET ADDRESS			NAME	☐ Change ☐ Āddition	
ITYST-ZIP			STREET ADDRESS CITY-ST-ZIP	•	
TLE AMÉ		☐ Delete	TITLE	☐ Change ☐ Addition	
TREET ADDRESS			NAME STREET ADDRESS		
TLE ME		☐ Delete	CITY-ST-ZIP		
REET ADDRESS			NAME CERTIFICACIONES	☐ Change ☐ Addition	
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
LE ME	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	☐ Change ☐ Addition	
REET ADDRESS			NAME STREET ADDRESS		
Y-ST-ZIP			CITY-ST-7IP		
<ul> <li>I hereby cell indicated or of the corporation changed, or</li> </ul>	rtify that the information supplied with this n this report or supplemental report is true pration or the receiver of trustee enthowner or on an attachment with an address, with a	filing does not qualify for the and accurate and that my do to execute the report as a there will be a manufactured.	he exemption stated in Sec / signature shall have the sa s required by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if	
IGNATU	JRE:	MAX	JERED WETT	AUFER 04/19/02/	
	SIGNATURE AND TYPES ON PRINTER	NAME OF SIGNING OFFICER OR	DIRECTOR	Date Davime Phone #	