## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P95000087266 **DOCUMENT #**

1. Entity Name

GOLD COAST WOODCRAFTERS, INC.



## Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90101 019 \*\*\*150.00

Principal Place of Business 8231 BAMA LANE BAY 4 WEST PALM BEACH FL 33411 Mailing Address

8231 BAMA LANE BAY 4 WEST PALM BEACH FL 33411

3. Mailing Address Solid Courset Wood Coart								
Applied For	2. Principal F		3. Mailing Address  O Gold Coa	st Woode	Raftes			
Applied   Appl		#, etc.	Suite, Apt. #, etc. 8231 Bama	In. Bay 4	CHECK HERE IF MAKING CHANGES			
8. Name and Address of Current Registered Agent  HILL, VALERIE C 2446 RUE RD  WEST PALM BEACH FL 33415  City  FL Zip Code  City  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  City  FL Zip Code  City  City  City  FL Zip Code  City  City  City  City  City  City  City  City  Ci	West !	alm Beach, Fl.	West Fulm B	ear, Fl.	4. FEI Number 65-0606867 Applied For	€		
HILL, VALERIE C 2446 RUE RD  WEST PALM BEACH FL 33415  City  FL  City  FL  Zip Code  City  Code  Code  City	33411	Country, B	33411	P. B.				
HILL, VALERIE C 2446 RUE RD  WEST PALM BEACH FL 33415  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered depent, or both, in the State of Florida. Lean familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Type and the entity submits this statement for the purpose of changing its registered depent agent are 100 expectable. (NOTE highworld Agent agent are neglected agent, or both, in the State of Florida. Lean familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Type and the statement for the purpose of changing its registered Agent agent are neglected agent, in the State of Florida. Lean familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  MAKE  SITERI ADDRESS  ON'S 3-2P  TITLE  MAKE  MAKE  SITERI ADDRESS  ON'S 5-2P  WEST PALM BEACH FL 33415  TITLE  MAKE  MAKE		6. Name and Address of Current F	7. Name and Address of New Registered Agent	]				
Addition   Change			T T	Name	Name ,			
Rest PALM BEACH FL 33415  8. The above named entity submits this statement for the purpose of changing its registered discour registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent and title if applicable.    SIGNATURE	-		*	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
City   FL   Zip Code		,	ξ <sub>k</sub> 19			4		
B. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00	WEST PAI	LM BEACH FL 33415	u.			-		
SIGNATURE    Signature   Title				City	FL Zip Code	1		
SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			the purpose of changing its r	egistered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept	٦		
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Atter May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State  10.		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature red	equired when reinstating) DATE			
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   111	After	May 1, 2003 Fee will be \$550.00	State					
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		ertify that the information supplied with t	this filing does not qualify for t		in Section 119 07(3Vi). Florida Statutes. I further certify that the information	4		

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 attackment with an address, with all other like empowered.