

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072487

1. Entity Name
GOLD STAR REALTY OF MANATEE COUNTY, INC.

Principal Place of Business
2019 5TH STREET WEST
BRADENTON FL 34205

Mailing Address
2019 5TH STREET WEST
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0699589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAUL, SHARFF A
2019-5 ST WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name: Leslie B Wells

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

2019-5 ST West

City Bradenton

FL

Zip Code 34205

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: *Leslie B Wells*

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

(NOTE: Registered Agent signature required when reinstating)

3/31/01

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, 2001 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 VP
NAME WELLS, LESLIE B
STREET ADDRESS 15440 CR 675
CITY-ST-ZIP PARRISH FL ☐ Delete

TITLE P
NAME SHARFF, PAUL
STREET ADDRESS 7412-19 AVE NW
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Leslie B Wells
STREET ADDRESS 2019-5 STW
CITY-ST-ZIP Bradenton FL 34205 ☒ Change ☐ Addition

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Leslie B Wells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01 - 941-747-0278

Date

Daytime Phone #

0403158

CR2E034 (10/00)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90127 003 ***150.00

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DO NOT WRITE IN THIS SPACE