

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093926

1. Entity Name

GULFSHORE HOMES I, INC.

Principal Place of Business

Mailing Address

3704 ASCOT BEND COURT
BONITA SPRINGS FL 33923

GULFSHORE HOMES INC
23815 ADDISON PLACE CT
BONITA SPRINGS FL 33923

FILED

01 MAY -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

23815 Addison Pl Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs FL

4. FEI Number 65-0709951

Applied For

Not Applicable

Zip

Country

Zip

Country

34134

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

SALVATORI, LEO J
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

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, 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	PD	<input type="checkbox"/> Delete
NAME	WATT, STEVEN M	
STREET ADDRESS	3704 ASCOT BEND CT.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	CHARLSE, STEVEN	
STREET ADDRESS	3704 ASCOT BEND CT.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STOCK, KENNETH C.	
STREET ADDRESS	3110 MARKET ST.	
CITY-ST-ZIP	GREEN BAY WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	23815 Addison Pl Ct	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	23815 Addison Pl Ct	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600004384136--4	
CITY-ST-ZIP	-06/08/01--01095--001	
	3920.00 *158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

\$158.75

[Signature]

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

4-27-01

Date

941-947-2929

Daytime Phone #