2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE:

Mar 03, 2002 8:00 am § Secretary of State DOCUMENT # P96000093926 1. Entity Name GULFSHORE HOMES I. INC. 03-03-2002 90120 036 ***150.00 Principal Place of Business Mailing Address 23815 ADDISON PLACE COURT **GULFSHORE HOMES INC** BONITA SPRINGS FL 34134 23815 ADDISON PLACE CT **BONITA SPRINGS FL 33923** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0709951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent SALVATORI, LEO J Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change Addition NAME WATT, STEVEN M NAME STREET ADDRESS 23815 ADDISON PLACE COURT STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP VPST ☐ Delete TITLE [] Change ☐ Addition CHARLSE, STEVEN NAME STREET ADDRESS 23815 ADDISON PLACE COURT STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE VPD' Dēlētē ΪΠLΈ Change Addition NAME STOCK, KENNETH C. NAME STREET ADDRESS 3110 MARKET ST. STREET ADDRESS CITY-ST-ZIP **GREEN BAY WI** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

1.15.02 941.947.2929