
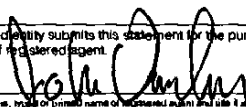



**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90139 043 \*\*\*150.00

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

<b>DOCUMENT # P97000034415</b> 1. Entity Name <b>GULF COAST HOLDING COMPANY</b>			
Principal Place of Business <b>6313 HALIFAX DRIVE          NEW PORT RICHEY, FL 34653</b>		Mailing Address <b>PO BOX 3965          PEARODY, MA 01961</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3482932</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VASILIADES, JOHN          1066 LIDDELL DRIVE          NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name <b>John Vasiliades</b> Street Address (P.O. Box Number is Not Acceptable) <b>6313 Halifax Drive</b> City <b>NPR</b> FL Zip Code <b>34652</b>	
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. I am familiar with, and accept the obligations of the registered agent.			
SIGNATURE 		DATE <b>4/25/03</b>	
FEE NOW: FEE IS \$750.00 AFTER MAY 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P. President</b>	NAME <b>VASILIADES, GEORGE JOHN</b>	TITLE <b>President</b>	NAME <b>John Vasiliades</b>
STREET ADDRESS <b>6313 HALIFAX DRIVE</b>	CITY-ST-ZIP <b>NEW PORT RICHEY, FL 34653</b>	STREET ADDRESS <b>6313 Halifax Drive</b>	CITY-ST-ZIP <b>New Port Richey, FL 34652</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 or 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 attachment with an address, with another like empowered.			
SIGNATURE: 		DATE: <b>4/25/03</b> 727-848-4562	

90134507



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)