2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700059396 1. Entity Name GULFSHORE HOMES B.C., INC.									
						FILED			
Principal Place of Business Mailing Address					01 HAY -1 PM 1: 34				
3704 ASCOT BE		GULFSHORE HOMES INC 23815 ADDISON PLACE CT							
		BONITA SPRINGS FL 34134				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
23 <u>815</u>	lace of Business Addison Pl C+	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Bou, E	a Oprings FL	City & State			4.	FEI Number 59-3461715		Applied For Not Applicable	
341	34 Country	Zip	Coun	itry	5.	Certificate of Status Desired		8.75 Additional ee Required	
-	6. Name and Address of Current	Registered Agent	1	N	7.	Name and Address of New R	egistered Aç	jent	
SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH SUITE 300				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
NAPL	ES FL 34103						FL	Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to De				IS \$150. will be \$5	00 550.00	reinstating) 10. Election Campaign Fin Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.		A	DDITIONS/CHANGES TO OFFI	ICERS AND [DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	P WATT, STEVEN M 3704 ASCOT BEND CT	☐ Delete		E Et address		Addison Pl a	t	Change	
CITY-ST-ZIP TITLE	BONITA SPRINGS FL 34134 VPST	Delete	TITLE	-ST-ZIP	Boni	to Springs f		34134 ▼Change □ Addition	
NAME STREET ADDRESS	CHARLSE, STEVEN M 4075 NW 60TH CIR	L Delete	nami Stre	et address	23815	Addison Pl	•		
CITY-ST-ZIP	BOCA RATON FL 33496	Delete	TITLE	-ST-ZIP	Boni	to Springs 1	<u>ں ہے۔</u>	<i>34/34</i> □ Change □ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAMI STRE				3 841 /01010	.265 095001	
TITLE		☐ Delete	TITLE			***392		#津津津158_75 □ Change □ Addition	
NAME STREET ADDRESS			NAMI						
CITY-ST-ZIP				ET ADDRESS - ST-ZIP			\$15	8.75	
TITLE	**	☐ Delete	TITLE			,	Ī	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E Et address -st-zip		N_{Ω} .			
TITLE		☐ Delete	TITLE			/ / / / /	1	Change	
NAME STREET ADDRESS CITY-ST-ZIP				E Et address -St-Zip		\mathcal{L}	1		
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Destine Printe #									