

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016382

1. Entity Name

GULFSHORE HOMES IV, INC.

Principal Place of Business

Mailing Address

3704 ASCOT BEND COURT
BONITA SPRINGS FL 34134

GULFSHORE HOMES, INC.
23815 ADDISON PLACE CT.
BONITA SPRINGS FL 34134

FILED

01 MAY -1 PM 1:17

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
Zip 34134 Country

Zip Country

4. FEI Number 59-3517711

Applied For

Not Applicable

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

NAPLES-LAWDOCK, INC.
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WATT, STEVEN M ☐ Delete
STREET ADDRESS 23815 ADDISON PLACE CT.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition
NAME 100004384091-6
STREET ADDRESS -06/08/01--01095--001
CITY-ST-ZIP ***3920.00 ****158.75

TITLE VST
NAME CHARLSE, STEVEN ☐ Delete
STREET ADDRESS 23815 ADDISON PLACE CT.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS \$158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven M Watt

4-27-01

941-947-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #