

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90126 031 ***150.00

DOCUMENT # P98000027603

1. Entity Name
GOLD COAST PROPERTY SERVICES, INC.

Principal Place of Business Mailing Address
370 W CAMINO GARDENS BLVD STE 118 370 W CAMINO GARDENS BLVD STE 118
BOCA RATON FL 33432 BOCA RATON FL 33432-5826

C0073072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEARSON, CAROL 370 W CAMINO GARDENS BLVD STE 118 BOCA RATON FL 33432		Name: Carol Harris Pearson Street Address (P.O. Box Number is Not Acceptable): 370 W Camino Gardens Blvd Ste 118 City: Boca Raton, FL Zip Code: 33432	

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: **Carol Harris Pearson** DATE: **4/6/00**

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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, CAROL 370 W CAMINO GARDENS BLVD STE 118 BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CAROL HARRIS PEARSON 370 W Camino Gardens Blvd Ste 118 Boca Raton, FL 33432
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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: **Carol Harris Pearson** DATE: **4/6/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 9/99