FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90179 020 ***150.00

DOCUMENT # P98000027603

1. Entity Name
GOLD COAST PROPERTY SERVICES, INC.

DO NOT WRITE IN THIS SPACE

11010031

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2. Principal Place of Business
P.O. BOX 272716
Suite, Apt. #, etc.
City & State: BOCA RATON, FL.
Zip: 33427-2716 Country: USA

3. Mailing Address
P.O. BOX 272716
Suite, Apt. #, etc.
City & State: BOCA RATON, FL.
Zip: 33427-2716 Country: USA

4. FEI Number
65-1000839
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Kim T. Mollica, ESQ
Street Address (P.O. Box Number is Not Acceptable)
400 S. DIXIE HIGHWAY
SUITE #110
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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Kim T. Mollica ESQ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR, PRESIDENT
NAME	CAROL H. PEARSON
STREET ADDRESS	400 S. DIXIE HIGHWAY #110
CITY-ST-ZIP	BOCA RATON, FL. 33432

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol H. Pearson 4/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #