

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90354 034 ***150.00

DOCUMENT # P98000034111
1. Entity Name
GULF COAST APPRAISAL SERVICES, INCORPORATED



Principal Place of Business
**6311 TURNERS GAP ROAD
BRADENTON FL 34203**

Mailing Address
**7200 GREVILLE AVE
#3A
ST. PETERSBURG FL 33707**



2. Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
6311 TURNERS GAP RD.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
BRADENTON, FL.

4. FEI Number
59-3505366

Applied For
Not Applicable

Zip Country

Zip Country
34203 MANATEE

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

6. Name and Address of Current Registered Agent

**MEDOSCH, MARK A
7200 GREVILLE AVE
#3A
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6311 TURNERS GAP RD.
City **BRADENTON** FL Zip Code **34203**

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 **Kathy A. Medosch** **KATHY A. MEDOSCH VP.** **01/18/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MEDOSCH, MARK A**
STREET ADDRESS **6311 TURNERS GAP ROAD**
CITY-ST-ZIP **BRADENTON FL 34205**

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

TITLE **VP** ☐ Delete
NAME **KATHY A. MEDOSCH**
STREET ADDRESS **6311 TURNERS GAP RD.**
CITY-ST-ZIP **BRADENTON, FL 34203**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathy A. Medosch** **KATHY A. MEDOSCH VP** **01/18/03** **(941-724-7394)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)