2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am DOCUMENT # P98000039319 **Secretary of State** 1. Entity Name 02-10-2002 90054 045 ***150.00 GULF COAST DEVELOPERS, INC. Principal Place of Business Mailing Address 3300 SUNSET KEY CIRCLE P. O. BOX 511748 **PUNTA GORDA FL 33955 PUNTA GORDA FL 33951-1748** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0832044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, JAMES E III Street Address (P.O. Box Number is Not Acceptable) 1625 W MARION AVE STE 2 **PUNTA GORDA FL 33950** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE Delete TITLE ECKHOFF, WILLIAM D NAME NAME 3297 SUNSET KEY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33955** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME ECKHOFF, LINDA K NAME STREET ADDRESS STREET ADDRESS 3297 SUNSET KEY CIR CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33955** Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter on an attachment with an address with all other like empowered.

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

941-639-0447

CR2E034 (9/01)

FILED