2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P98000039906** 1. Entity Name GULFCOAST CREATIVE SPECIALTIES, INC. 04-12-2000 90042 024 ***150.00 Principal Place of Business Mailing Address PO BOX 4564 PO BOX 4564 CLEARWATER FL 33758 CLEARWATER FL 34689-2001 00058127 2. Principal Place of Business 3. Mailing Address N. FLORIDA AVE דיטון 1107 N. FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3510173 SPRINGS TARPON Tarpon Not Applicable Country USA _ ઽ^{ૻૄૄ}ૄૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢ \$8.75 Additional 5. Certificate of Status Desired 34689 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGKINS HOPKINS. DIANE Street Address (P.O. Box Number is Not Acceptable) 2067 HUNTERS GLEN DR, #303 **DUNEDIN FL 34698** FLORIDA HUE. SPRINGS 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, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President Change ☐ Addition CR2E034 (9/99 TITI F TITLE Delete HOPKINS DIANE HOPKINS, DIANE NAME NAME FLORIDA AUC 1107 STREET ADDRESS 2067 HUNTERS GLEN DR #303 STREET ADDRESS SPRINGS FL 34684 CITY-ST-ZIP CITY-ST-ZIF **DUNEDIN FL 34698** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dropped Design Phone #