

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050667

1. Entity Name
GOLD COAST TRAILERS, INC.

Principal Place of Business
7621 15TH ST
2D
SARASOTA FL 34243

Mailing Address
7621 15TH ST
2D
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FILED
Jul 10, 2001 8:00 am
Secretary of State

0100055 AV
07-10-2001 90115 031 ***550.00



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number **65-0842120** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WORTHY, MICHAEL T
7621 15TH ST E
STE.D
SARASOTA FL 34243

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTD** Delete
NAME **WORTHY, MICHAEL TODD**
STREET ADDRESS **8433 CYPRESS LAKE CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VSD** Delete
NAME **WORTHY, CATHY**
STREET ADDRESS **8433 CYPRESS LAKE CR**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Delete
NAME
STREET ADDRESS
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: *Cathy P. Worthy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-800-694-3333

CR2E034 (5/01)

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