

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016369

1. Entity Name
GOLD COAST CASUAL FURNITURE, INC.

Principal Place of Business
2695 N MILITARY, SUITE 1
WEST PALM BEACH FL 33409

Mailing Address
2695 N MILITARY, SUITE 1
WEST PALM BEACH FL 33409

2. Principal Place of Business
2695 N MILITARY TR BLVD
Suite, Apt. #, etc.
2

3. Mailing Address
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL
Zip
33409
Country
USA

City & State
Zip
Country

4. FEI Number 65-0903106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KLEMPNER, MARK
2695 N MILITARY, SUITE 1
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Mark Klemper*
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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 D
NAME KLEMPNER, MARK
STREET ADDRESS 2695 N MILITARY, SUITE 1
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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: *Mark Klemper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02
Date

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90013 025 ***150.00



DO NOT WRITE IN THIS SPACE

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