2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000017889 1. Entity Name 05-15-2001 90198 008 ***150.00 GULF COAST HOME SITES, INC. Principal Place of Business Mailing Address 261 S. TAMIAMI TRAIL 261 S. TAMIAMI TRAIL **UUU53334** NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address amiami Ir lamiami Suite, Apt. #, etc. #703 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #703 City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired П <u>4</u>20 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KHLEIF, ROD Street Address (P.O. Box Number is Not Acceptable) 261-S: TAMIAMI TRAIL NOKOMIS FL 34275 าด 3 lamiami Code d 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 DATE Signature, typed or printed me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (10/00) Change ☐ Addition D TITLE TITLE ☐ Delete leif, Rod 31 5 Tamiami Trail # 703 KHLEIF, ROD NAME NAME STREET ADDRESS STREET ADDRESS 261 S. TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-7IP NOKOMIS FL 34275 nice, FL 34292 ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ,CITY-ST-ZIP ÎITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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

Daytime Phone #