

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082378

1. Entity Name

GOLD COAST RESOURCES, INC.

Principal Place of Business

3238 LATANA DR.
PALM HARBOR FL 34684

Mailing Address

3238 LATANA DR.
PALM HARBOR FL 34684

2. Principal Place of Business

3238 LATANA DR

Suite, Apt. #, etc.

3. Mailing Address

3238 LATANA DR

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

US

City & State

Palm Harbor, FL

Zip

34684

Country

US

4. FEI Number

59-3607458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Michael Baffi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BAFFI, MICHAEL
STREET ADDRESS 3238 LATANA DR.
CITY-ST-ZIP PALM HARBOR FL 34684

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☐ Change ☐ Addition

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:

Michael Baffi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2001

Date

(727) 919-4023

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)