

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000091386

1. Entity Name

GULF SHORES REALTY INC

FILED
May 04, 2000 8:00 am
Secretary of State

03-13-2000 90060 036 ***158.75

Principal Place of Business

17715 GULF BLVD., #826
REDINGTON SHORES FL 33708

Mailing Address

17715 GULF BLVD., #826
REDINGTON SHORES FL 33708-1261

2. Principal Place of Business

12076 Anderson Rd
Suite, Apt. #, etc.
Tampa FL 33625
City & State

3. Mailing Address

14015 Ellesmere DR
Suite, Apt. #, etc.

City & State
Tampa FL

Zip Country
33625 Hillsb.

4. FEI Number
59-3640338

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POTI, DAVID J
14015 ELLESMERE DR.
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name JEANETTE DEMARCO
Street Address (P.O. Box Number is Not Acceptable)
14015 ELLESMERE DR
City TAMPA, FL FL Zip Code 33624

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 JEANETTE DEMARCO JEANETTE DEMARCO 3/8/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	DAVID J. POTI	14015 ELLESMERE DR	TAMPA, FL 33624	<input checked="" type="checkbox"/> (President)
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	JEANETTE DEMARCO	14015 ELLESMERE DR	TAMPA, FL 33624	<input checked="" type="checkbox"/> (President) (P, V, T, S, C)
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: JEANETTE DEMARCO President 3/8/00 813 264-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)