

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90128 030 ***150.00

DOCUMENT # P99000105724

1. Entity Name

GULF COAST LAND TITLE AGENCY, INC.



Principal Place of Business

118 107ST AVE

SAINT PETERSBURG FL 33706

Mailing Address

118 107ST AVE

SAINT PETERSBURG FL 33706

% Affiliate Division

2. Principal Place of Business

3. Mailing Address

5810 West Cypress Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

City & State

City & State

Tampa, FL

Zip

Country

Zip

33607

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3621778

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

BYRNE, GAIL A

118 107 AVE

TREASURE ISLAND FL 33706

Name

Michael LaRosa

Street Address (P.O. Box Number is Not Acceptable)

5810 West Cypress Street

Suite E

City

Tampa

FL

Zip Code

33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

3/20/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **BYRNE, GAIL A**
CITY-ST-ZIP **118 107 AVE**
SAINT PETERSBURG FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

727-367-7177

Daytime Phone #

CR2E034 (10/02)