2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2ND FLOOR

7777 SEMINOLE BLVD

DOCUMENT # \$47041

1. Entity Name

Principal Place of Business

7777 SEMINOLE BLVD

2ND FLOOR

GULFCOAST ACCOUNTING & TAX SERVICES, INC.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90159 042 ***150.00

So Te, April P. etc. Suito, April P. etc.	SEMINOLE FL US	34642-2664	SEMINOLE FL 34642-2664 US						
City & State Country 33772 City City FL Zip Code City FL Zip Code FL Zip Co							[
Country Zip 3,377.2 S. Curstincate of State Desired S. F. S. Additional S. F. S. Additional S. F. S. Additional S. Curstincate of State Desired S. S. Curstincate of No. Curstincate Desired S. S. Curstincate of No. Curstincate Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Orthocate Page S. O	City & Stat	e :	City & State		4. FE	Number 59-3058568	— —		
ABLE RUTHANN M. 12098 KAY DRIVE SEMINOLE FL 3 3772 6. The aboving an and address of registered Agent with and acceptable) FL 2 3772 City FL 2 Incode Cit				Country	5. Ce	ertificate of Status Desired			
GABLE, RUTHANN M. 12098 KAY DRIVE SEMINOLE FL 3 3 7 7 2 City FL Zip Code City FL Z					7. Name and Address of New Registered Agent				
12099 KAY DRIVE SEMINOLE FL 3 3772	**				Name				
12099 NAY DRIVE SEMINOLE FL 3 3772				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
City FL Zip Code									
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. Signular Special price Special p	SEMINOLE FL 33772								
THE NOW!!! FÉË IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST GABLE, RUTHANN M. 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE FL 3 37 72 TITLE NAME SIREET ADDRESS GITY-ST-2P TITLE NAME SIRET					City FL Zip Code				
SIGNATURE TILE NOW!! FEE IS \$150.00 See will be \$550.00 Make Check Payable to Florida Department of State See See See See See See See See See									
TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	the obligations of registered agent.								
FILE NOW!!! FÉE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE								
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.									
Make Check Payable to Florida Department of State 10.						9. Election Campaign Financing	\$5.0	O May Be	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11]	Trust Fund Contribution.			
TITLE GABLE, RUTHANN M. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STR						ITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP RAME STREET ADDRESS CITY-ST-ZIP			TPV.TJ.		7,50	THOMO, OF MINDED TO OF FIDERIO AN			
CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S		GABLE, RUTHANN M.		I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP			OR						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				Change	☐ Addition ☐	
CITY-ST-ZIP SEMINOLE FL 3 3 7 7 2			ΛD.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Un						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	33772	□ Delete	TITLE			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		• • • •		B . 1		* **			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	•		STREET ADDRESS	•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change	Addition	
CITY-ST-ZIP				I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Delete	-			Change	□ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			□ Delete				□ onange	nadition	
TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	STREET ADDRESS								
NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-SI-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS			☐ Delete				☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP									
		ertify that the information supplied with	this filing does not qualify for t		Section 11	9.07(3)(i). Florida Statutes, Lifurther of	ertify that the in	oformation	

2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

727-391-9918

Daytime Phone #

CR2E034 (10/0)