FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # \$60550** GULF COAST TITLE SERVICES, INC. 04-16-2001 90014 048 ***158.75 Principal Place of Business Mailing Address 2475 ENTERPRISE RD. 2475 ENTERPRISE ROAD SUITE 200 SUITE 100 CLEARWATER FL 33763 CLEARWATER FL 33763 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3069272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTTLIEB & GOTTLIEB . P.A. 2475 ENTERPRISE RD. SUITE 100 **SUITE 204 CLEARWATER FL 33763** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CH2E034 (10/00) TITLE X Delete NAME NAME GOTTLIEB, JERRY STREET ADDRESS STREET ADDRESS 2475 ENTERPRISE RD. #100 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33763 TITLE TITLE Delete NAME NAME **GOTTLIEB, RICHARD** STREET ADDRESS STREET ADDRESS 2475 ENTERPRISE RD. #100 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** TITLE TITLE Y.D NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter on an attachment with an address with all other like empowered.