

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90531 021 ***150.00

DOCUMENT # S95630

1. Entity Name

GULF-BAY REALTY OF ANNA MARIA, INC.



Principal Place of Business

**5408 MARINA DR
HOLMES BEACH FL 34217
US**

Mailing Address

**5408 MARINA DR
HOLMES BEACH FL 34217
US**

2. Principal Place of Business

5309 GOLF DRIVE

Suite, Apt. #, etc.

3. Mailing Address

5309 GOLF DRIVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Holmes Beach, FL

City & State
Holmes Beach, FL

4. FEI Number
65-0299226

Applied For
Not Applicable

Zip Country
34217 Manatee

Zip Country
34217 MANATEE

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

KOLLAR, ROBIN
5408 MARINA DRIVE
HOLMES BEACH FL 34217

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. 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)

DATE

1-06-03

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 **P**
STREET ADDRESS **KOLLAR, ROBIN**
CITY-ST-ZIP **5408 MARINA DR**
HOLMES BEACH FL 34217

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]* **RECEIVED KOLLAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-03 941-778-7244
Date Daytime Phone #

CR2E034 (10/02)