2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90174 043 ***150.00

DOCUMENT # V59059

1. Entity Name
GOLD COAST HOMES OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
1326 LAFAYETTE STREET CAPE CORAL FL 33904	1326 LAFAYETTE STREET CAPE CORAL FL 33904

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0354446 ☐ 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
ROUSKEY, CHRIS N. 1326 LAFAYETTE STREET CAPE CORAL FL 33904	Name ROUSKEY, SCOTT Street Address (P.O. Box Number is Not Acceptable) 2243 HARVARD AVE City FT MYERS FL Zip Code 33907

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 X Scott Rouskey DATE 2/14/03

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DD TUCKER, ALAN ~~6761 CAPRI LANE~~ ~~BOKEELIA FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tucker Alan 401 SW 3ct Cape Coral FL 33991	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSKEY, CHRIS N. 2243 HARVARD AVENUE CAPE CORAL FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSKEY, SCOTT 2243 HARVARD AVE FT MYERS FL 33907	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Scott Rouskey REQUIRED 2/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)