

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 129811**

1. Entity Name

N. GOLDRING CORPORATION

Principal Place of Business

**675 SO PACE BLVD.
PENSACOLA FL 32501**

Mailing Address

**675 SO PACE BLVD.
PENSACOLA FL 32501**

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

59-0266015

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WANEK, JOSEPH A
675 SOUTH PACE BLVD
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	GOLDRING, WILLIAM A	
STREET ADDRESS	2811 TOULOUSE ST	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	V	☐ Delete
NAME	WANEK, JOSEPH A.	
STREET ADDRESS	675 S. PACE BLVD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	☐ Delete
NAME	FINE, PAUL	
STREET ADDRESS	2811 TOULOUSE STREET	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	ST	☐ Delete
NAME	JANUSA, ALBERT	
STREET ADDRESS	2811 TOULOUSE STREET	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Joseph A Wanek

3/29/01

Date

850-429-7000

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90271 027 ***150.00

818509

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)