

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42735

1. Entity Name

CANALI COLLECTION, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90059 016 ***150.00

Principal Place of Business

4190 BELFORT RD
#200
JACKSONVILLE FL 82216
US

Mailing Address

C/O THOMAS GOODRICH
4190 BELFORT RD., SUITE 150 PARK CENTER
JACKSONVILLE FL 32216
US

2. Principal Place of Business

1430 LARUE AVENUE
Suite, Apt. #, etc.

3. Mailing Address

1430 LARUE AVENUE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-2121838

Applied For

Not Applicable

Zip

Country

32207

U.S.A.

Zip

Country

32207

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODRICH, CAROLYN
4190 BELFORT RD.
STE 200
JACKSONVILLE FL 32216

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

Carolyn C. Goodrich CAROLYN C. Goodrich
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/1/01

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 DPC
NAME GOODRICH, CAROLYN C.
STREET ADDRESS 4190 BELFORT RD #200
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 the employees.

SIGNATURE

Carolyn C. Goodrich CAROLYN C. Goodrich
Signature and typed or printed name of signing officer or director Date 2/1/01 Daytime Phone # 904 3320444

CR2E034 (10/00)