2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 13, 2001 8:00 am Secretary of State **DOCUMENT # F44995** 1. Entity Name GERSON GOODSON, INC. 01-13-2001 90055 046 ***150.00 Mailing Address Principal Place of Business 2451 MCMULLEN BOOTH RD 2451 MCMULLEN BOOTH RD STE 216 STE 216 C0003543 CLEARWATER FL 33759 CLEARWATER FL 33759 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2119477 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERSON, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 2451 MCMULLEN BOOTH RD STE 285 ス16 CLEARWATER FL 34619 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change ☐ Addition ☐ Delete GERSON, RICHARD F NAME NAME STREET ADDRESS STREET ADDRESS 2451 MCMULLEN BOOTH RD, STE 205 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition ☐ Change ☐ Delete GERSON, ROBBIE G NAME NAME STREET ADDRESS 1925 DIAMOND COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
