FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91439 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F81295

1. Entity Name
GOFORIT, INC.

Principal Place of Business	Mailing Address
34050 U.S. HWY 19 NORTH PALM HARBOR, FL 34684 US	34050 U.S. HWY 19 NORTH PALM HARBOR, FL 34684 US

2. Principal Place of Business: 34088 U.S. 19N.	3. Mailing Address
Suite, Apt. #, etc.: Palm Harbor, FL	Suite, Apt. #, etc.: Same
City & State: 34684	City & State
Zip / Country: USA	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2194093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, RONNIE
2689 SAXONY CT. W.
CLEARWATER, FL 33761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		
TITLE	PD	☐ Delete
NAME	GOLDMAN, EUGENE	
STREET ADDRESS	34050 U.S. HWY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	STD	☐ Delete
NAME	GOLDMAN, RONNIE	
STREET ADDRESS	34050 U.S. HWY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		☐ Delete
NAME		
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NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Ronnie Seldner Sec. Treas 4/23/03 727-784-2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #