

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90178 037 ***150.00

0659065
IN

DOCUMENT # F95000001973

1. Entity Name

GOSSNER MANAGEMENT LIMITED COMPANY

Principal Place of Business

GOSSNER MANAGMENT LIMITE
#2207 ONE YONGE ST.
TORONTO ON M5E- E5

Mailing Address

GOSSNER MANAGMENT LIMITE
#2207 ONE YONGE ST.
TORONTO ON M5E- E5

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

98-0137614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNIMAN, JOHN
735 COLORADO AVENUE
STUART FL 34994

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
PC
NAME **GOSSNER, ISABELLA**
STREET ADDRESS **#2207 ONE YONGE STREET**
CITY-ST-ZIP **TORONTO ON M5E- 1E5**

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

TITLE ☐ Delete
V
NAME **HEBICH, DORIS**
STREET ADDRESS **SUITE 3401 65 HARBOUR SQUARE TORONTO ONT.**
CITY-ST-ZIP **M5S 2L4 CANADA**

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

TITLE ☐ Delete
ST
NAME **BERNHARD, ELLA**
STREET ADDRESS **C/O CHAPPELL SUITE 3310 20 QUEEN ST. WEST**
CITY-ST-ZIP **TORONTO ONT. M5H 3R3 CANADA**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Isabella Gossner
Isabella Gossner, President

January 24, 2002

1416/3679531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)