2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F95000002167 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** GOLI, INC. 03-30-2000 90072 027 ***150.00 Mailing Address Principal Place of Business % FOWLER WHITE % FOWLER WHITE P.O. BOX 1438 P.O. BOX 1438 TAMPA FL 33601-1438 TAMPA FL 33601 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2585522 Not Applicable Zip 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 Name JACOBSON, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD. **SUITE 1700 TAMPA FL 33602** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MORRIS, ROGER C NAME NAME STREET ADDRESS XANADU, POTTER ST. HILL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINNER, MIDDX ENGLAND ☐ Change Addition ☐ Defete TITLE MORRIS, CAROLE R NAME NAME XANADU, POTTER ST. HILL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINNER, MIDDX ENGLAND CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE JACOBSON, RICHARD A NAME NAME P.O. BOX 1438 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33601** ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

813/222-1159

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