

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90043 037 ***150.00

DOCUMENT # F95000002167

1. Entity Name

GOLI, INC.

Principal Place of Business

% FOWLER WHITE

P.O. BOX 1438

TAMPA FL 33601

Mailing Address

% FOWLER WHITE

P.O. BOX 1438

TAMPA FL 33601

2. Principal Place of Business

501 E. Kennedy Blvd.

Suite, Apt. #, etc.

Ste. 1700

City & State

Tampa, Florida

Zip

33602

Country

3. Mailing Address

501 E. Kennedy Blvd.

Suite, Apt. #, etc.

Ste. 1700

City & State

Tampa, Florida

Zip

33602

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2585522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A

501 E. KENNEDY BLVD.

SUITE 1700

TAMPA FL 33602

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, ROGER C	
STREET ADDRESS	XANADU, POTTER ST. HILL	
CITY-ST-ZIP	PINNER, MIDDX ENGLAND	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRIS, CAROLE R	
STREET ADDRESS	XANADU, POTTER ST. HILL	
CITY-ST-ZIP	PINNER, MIDDX ENGLAND	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JACOBSON, RICHARD A	
STREET ADDRESS	P.O. BOX 1438 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]

Richard A. Jacobson, Asst. Sec'y

1/21/02

813/222-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)