

2000 UNIFORM BUSINESS REPORT (UBR)

8/9/00-90077-034-\$150.00-\$150.00

DOCUMENT # F98000005475

091400

1. Entity Name

G.O.A. CONST. INC.

DEPARTMENT OF

FILED

00 SEP 27 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 7304
NORTH PORT FL 34287

Mailing Address

PO BOX 7304
NORTH PORT FL 34287-0304

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 93-1214175

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSIPOV, GENNADIY
2628 N Salford Blvd 3284 mt Hope St
NORTH PORT FL 34287

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD OSIPOV, GENNADIY 2628 N Salford Blvd NORTH PORT FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KRUVOVELS, ANATOLIY 6884 DOEHER RD NORTH PORT FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T IVANENKO, RUSLAN 2598 N Salford Blvd NORTH PORT FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Bohdanets, Anatoliy A. 22 Venetia Ave. Apt. 1 North Port, FL 34287 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sergiy Osipov 3284 mt Hope St North Port FL 34287 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Date

Daytime Phone #

CR2E034 (9/99)

700003417847-8
-10/06/00-01137-006
****400.00 ****400.00

SP

G.O.A. Construction Inc.

P.O. BOX 7304
NORTH PORT, FL 34287

September 12, 2000

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32314

To Whom It May Concern:

This is to explain the circumstances in which the report/uniform business report was filed and why was it late.

I have requested to file the report on time and have hired an accountant to do the necessary paper work. To my knowledge, all papers were taken care of. Unfortunately as I found out later the form was lost in the mail or may have never been sent by the contractor accountant.

He is no longer working for this Incorporation. Please except my apology for this inconvenience. I would appreciate if you would grant me a dismissal for the \$400.00 penalty.

Sincerely,

Gennadiy Osipov