| DOCUMENT # G95747  1. Entity Name GO ELECTRONIC SYSTEMS, INC.       |   |  |   |             |  |                        | Aug 07, 2001 8:00 am<br>Secretary of State<br>08-07-2001 90006 006 ***150.00 |                   |              |              |                           |  |
|---|---|--|---|-------------|--|------------------------|--|-------------------|--------------|--------------|---------------------------|--|
| Principal Place of Business 13014 N. DALE MABRY HWY. TAMPA FL 33618 |   |  | Mailing Address 15722 GARDENSIDE LANE TAMPA FL 33624 US   |             |  |                        |  |                   |              |              |                           |  |
| 2. Principal Place of Business                                      |   |  | 3. Mailing Address  |             |  |                        |  |                   |              |              |                           |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |             |  |                        | DO NOT WRITE IN THIS SPACE   |                   |              |              |                           |  |
| City & State  |   |  | City & State  |             |  | 4.                     | FEI Number   | 59-240352         | <br>5        |              | plied For<br>t Applicable |  |
| Zip   | Country   |  | Zip Cour  |             | try  | 5.                     | 5. Certificate of Status Desired See Required Fee Required                   |                   |              |              |                           |  |
| 6. Name and Address of Current Registered Agent                     |   |  |   |             | 7. Name and Address of New Registered Agent        |                        |  |                   |              |              |                           |  |
| o, Haine and Addices of Oditent neglected Agent                     |   |  |   |             |  | Name                   |  |                   |              |              |                           |  |
| O'KASH, MICHAEL G.  |   |  |   |             | Street Address (P.O. Box Number is Not Acceptable) |                        |  |                   |              |              |                           |  |
| 15722 GARDENSIDE LANE   |   |  |   |             |  |                        |  |                   |              |              |                           |  |
| tampa fl  | . 33624   |  |   |             |  |                        |  |                   |              |              |                           |  |
|   |   |  |   |             | City FL Zip Code                                   |                        |  |                   |              |              |                           |  |
| 8. The above  | named entity sub  | omits this statement for the               | ne purpose of changing its  | registere   | ed office or r                                     | registered ag          | gent, or both,   | in the State of f | Florida.     |              |                           |  |
| ∴SIGNATURE .  | Signature, typed or prin                                | nted name of registered agent and          | title if applicable. (NOTE  | : Registere | d Agent signatur                                   | e required when r      | einstating)  |                   | DATE         | :            |                           |  |
| Tax filing r  | oration is eligible trequirement and or<br>ria on back) | to satisfy its Intangible elects to do so. | FILE NOW!!! FEE IS \$550.00  After September 12, 2001 Fee will be \$750.  Make Check Payable to Department of Sta |             |  | \$ <del>7,50.0</del> 0 |  |                   |              |              |                           |  |
| 11.   |   | OFFICERS AND DI                            | RECTORS   | 12.         |  | ΑĽ                     | DDITIONS/C   | HANGES TO OF      | FICERS A     | ND DIRECTORS | S IN 11                   |  |
| TITLE   | PT  |  | ☐ Delete  | TITL        | E  |                        |  |                   |              | Change       | ☐ Addition                |  |
| NAME  | O'KASH, MICI  |  |   | NAM         | E  |                        | •  |                   |              |              |                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                       | 15722 GARDE<br>TAMPA FL                                 | EN SIDE LANÉ                               |   |             | ET ADDRESS<br>-ST-ZIP                              |                        |  |                   |              |              | \                         |  |
| TITLE   | VS  |  | ☐ Delete  | TITL        | <del></del>  |                        |  | wow.              | -            | Change       | ☐ Addition                |  |
| NAME  | OKASH, KATI   | HEDINE A                                   | □ Delete  | NAM         |  |                        |  |                   |              | 3-           |                           |  |
| STREET ADDRESS  | 15722 GARDE   |  |   | STRE        | ET ADDRESS   |                        |  |                   |              | •            |                           |  |
| CITY-ST-ZIP   | TAMPA FL  | II OIDE D'AIL                              |   | CITY        | -ST-ZIP  |                        |  |                   |              |              |                           |  |
| TITLE   | D   |  | ☐ Delete  | TITL        | E  |                        |  |                   |              | Change       | Addition                  |  |
| NAME  | OKASH, MICH   | IAEI G                                     | Dolote  | NAM         | i  |                        |  |                   | i            |              | _                         |  |
| STREET ADDRESS  |   | NSIDE LN                                   |   | STRE        | ET ADDRESS   |                        |  | <del> </del>      | د مدي چند وي | ا بدر پستی   | -2.75                     |  |
| CITY-ST-ZIP   | TAMPA FL 33   |  |   | CITY        | -ST-ZIP  |                        |  |                   |              |              |                           |  |
| TITLE   |   | · ·  | ☐ Delete  | TITL        | E  |                        |  |                   |              | ☐ Change     | ☐ Addition                |  |
| NAME  |   |  |   | NAM         | LE .   |                        |  |                   |              |              | (                         |  |
| STREET ADDRESS  |   |  |   |             | EET ADDRESS  |                        | •  |                   |              |              | }                         |  |
| CITY-ST-ZIP   |   |  |   | CITY        | -ST-ZIP  |                        |  |                   |              |              | [                         |  |
| TITLE   | ļ   |  | ☐ Delete  | TITL        | E  |                        |  | <u> </u>          |              | ☐ Change     | ☐ Addition                |  |
| NAME  | 1   |  |   | NAM         | ie   |                        |  |                   |              |              |                           |  |
| STREET ADDRESS  | 1   |  |   | STRE        | EET ADDRESS  |                        |  |                   |              |              | į                         |  |
| CITY-ST-ZIP   | <u>                                     </u>            |  |   | CITY        | -ST-ZIP  |                        |  | •                 |              |              |                           |  |
| TITLE   |   |  | ☐ Delete  | TITL        | E  |                        |  |                   |              | Change       | ☐ Addition                |  |
| NAME  | 1   |  |   | NAM         | ie i   |                        |  |                   |              |              |                           |  |

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 remot pr 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 on the received of true generated 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 adaptment with an attories with another like impowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

2001 UNIFORM BUSINESS REPORT (UBR)

1006

GO Electronic Systems, INC. Michael & Kathy Okash 15722 Gardenside Lane Tampa, Florida 33624

> DOC#G95747 CON4795

July 18, 2001

Division of Corporations
Uniform-Business report filings
Tallahassee, Florida 32302-1500

To Whom it may Concern:

We never received our original 2001 UBR forms. Enclosed please find the 2001 UBR form with our check of \$150.00 for payment.

Thank You,

Michael G. Okash