

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90002 024 \*\*\*150.00

**DOCUMENT # J53236****1. Entity Name**  
**GOTHARD, INC.****Principal Place of Business**  
2933 CHELSEA WOODS DR.  
VALRICO FL 33594**Mailing Address**  
2933 CHELSEA WOODS DR.  
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 59-2765722Applied For  
Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WEINSTEIN, NEAL, ESQ.  
601 EAST TWIGGS STREET  
TAMPA FL 33602

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, 2001 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**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
PST  
DEMARTELL, HENRI  
2933 CHELSEA WOODS DR.  
VALRICO FL 33594 ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
VPD  
ADAM, ROSEMARIE  
2903 CHELSEA WOODS DR.  
VALRICO FL 33594 ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
☐ Delete**TITLE**  
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☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)