

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000001889**

1. Entity Name

**GOSPA FLORIDA, INC.****FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90056 028 \*\*\*\*61.25

Principal Place of Business

**34 WESTMILL LANE  
PALM COAST FL 32164-7748**

Mailing Address

**34 WESTMILL LANE  
PALM COAST FL 32164-7748**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3652003**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENS, BARBARA  
34 WESTMILL LANE  
PALM COAST FL 32164-7748**

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
STEPHENS, BARBARA  
34 WESTMILL LANE  
PALM COAST FL 32164** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCD  
MATHISON, ROBERT  
10905 BRENTFIELD RD NW  
JACKSONVILLE FL 32224** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SC  
MATHISON, CAROL  
10905 BRENTFIELD RD NW  
JACKSONVILLE FL 32224** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
KRUSHER, MARIE A  
1 FIRTREN LANE  
PALM COAST FL 32137** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZIEMBA, SUZANNE  
3042 PRESCOTT FALLS DR  
JACKSONVILLE FL 32224** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**BARBARA STEPHENS**

Date

**1/17/02**

Daytime Phone #

**386-445-1564**

CR2E037 (9/01)