

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90058 048 \*\*\*150.00

**DOCUMENT # P00000005800**

1. Entity Name  
**GH NET, INC.**



Principal Place of Business  
**5174 NORTHRIDGE RD. #109  
SARASOTA FL 34238**

Mailing Address  
**5174 NORTHRIDGE RD. #109  
SARASOTA FL 34238**

2. Principal Place of Business  
**4503 NELSON AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4411 BEE RIDGE RD.**  
Suite, Apt. #, etc.  
**# 303**

City & State  
**SARASOTA, FLA**  
Zip  
**34231** Country  
**USA**

City & State  
**SARASOTA, FL**  
Zip  
**34233** Country  
**USA**

4. FEI Number  
**65-0974535**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HOCHMANN, DANNY Z**  
**5174 NORTHRIDGE RD. #109**  
**SARASOTA FL 34238**

**7. Name and Address of New Registered Agent**

Name  
**DANNY HOCHMANN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4503 NELSON AVE**  
City  
**SARASOTA** FL Zip Code  
**34231**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Danny Hochmann*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-29-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P HOCHMANN, DANNY Z</b>	<b>5174 NORTHRIDGE RD. #109</b>	<b>SARASOTA FL 34238</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 607, 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: *DANNY HOCHMANN* **3/29/03 941-704-7653**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)