

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90197 020 \*\*\*158.75

**DOCUMENT # P00000027897**

1. Entity Name  
**GO TIME, INC.**



Principal Place of Business  
**4099 TAMIAMI TRAIL N.  
 NAPLES FL 34103**

Mailing Address  
**4099 TAMIAMI TRAIL N.  
 NAPLES FL 34103**

2. Principal Place of Business  
**4025 PINE RIDGE RD EXT.**

3. Mailing Address  
**4025 PINE RIDGE RD EXT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number  
**59-3632374**

Applied For  
 Not Applicable

Zip Country  
**34119 USA**

Zip Country  
**34119 USA**

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

## 6. Name and Address of Current Registered Agent

**RONALD L STETLER  
 8889 PELICAN BAY BLVD  
 SUITE 300  
 NAPLES FL 34108**

## 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 \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **X**  
 (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

TITLE **D** ☐ Delete  
 NAME **TIMOTHY S WOODWARD**  
 STREET ADDRESS **4099 TAMIAMI TRAIL N**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P S** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **775 3RD ST NW**  
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **D V** ☐ Change ☒ Addition  
 NAME **JUDY WOODWARD**  
 STREET ADDRESS **775 3RD ST NW**  
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **D T** ☐ Change ☒ Addition  
 NAME **BETTY WOODWARD**  
 STREET ADDRESS **775 3RD ST NW**  
 CITY-ST-ZIP **NAPLES FL 34120**

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

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

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

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**

**TIMOTHY S WOODWARD** **X**

**941-354-9839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)