Apr 17 03 02:00p David Gordon

Apr-17-03 01:09pm From-Kirk Pinkerton Law Firm 94136482

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90482 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028464

1. Entity Name
Go-Out Inc

DO NOT WRITE IN THIS SPACE

10085602

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2. Principal Place of Business: 4343 Palma Sola Blvd	3. Mailing Address: "Same"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State
Zip: 34209 County: Manatee	Zip / Country

4. FEI Number: 59-3633360 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: David Silberstien
Street Address (P.O. Box Number is Not Acceptable): 720 South Orange Ave
City: Sarasota FL Zip Code: 34236

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	David Gordon	NAME	
STREET ADDRESS	4815 E. Busch Blvd #208	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33617	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Earl Outland	NAME	
STREET ADDRESS	4815 E. Busch Blvd #208	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33617	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/21/03 813 287 1078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #