

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90004 039 ***150.00

DOCUMENT # P00000057799

1. Entity Name

GOLINELLO & NOTTINGHAM, P.A.

Principal Place of Business

128 PRIMROSE DR.
LONGWOOD FL 32779

Mailing Address

128 PRIMROSE DR.
LONGWOOD FL 32779

2. Principal Place of Business

793 Cherry St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Zip

32701

Country

Country

4. FEI Number

59-3652215

Applied For

Not Applicable

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

NOTTINGHAM, PAUL
128 PRIMROSE DR.
LONGWOOD FL 32779

Name
Street Address (P.O. Box Number is Not Acceptable)

793 Cherry St

Altamonte Springs

FL

Zip Code

32701

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

Paul Nottingham

19 Feb 2001

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
PTD
NOTTINGHAM, PAUL
128 PRIMROSE DR.
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
793 Cherry St
Altamonte Springs FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
GOLINELLO, NICK
128 PRIMROSE DR.
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
793 Cherry St
Altamonte Springs FL 32701 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Thomas M Sudik
793 Cherry St
Altamonte Springs FL 32701 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Paul Nottingham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Feb 2001

Date

4072650499

Daytime Phone #

CR2E034 (10/00)