

FILED
Jul 18, 2001 8:00 am
Secretary of State

04-11-2001 90061 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092496

1. Entity Name

FLORIDA GOJU, INC.

Principal Place of Business

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

5210 S. ORANGE AVE

3. Mailing Address

P.O. Box 622021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3367815

Applied For

Not Applicable

Zip

32809

Country

U.S.A.

Zip

32862

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA-P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name FRANKLIN PINDER

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

3781 HALF MOON DR

City ORLANDO

FL

32812

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]

Signature of individual or principal name of registered agent and date it applies.

(NOTE: Registered Agent signature required when filing statement)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements 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

TITLE	PTD	☐ Delete
NAME	PINDER, FRANKLIN B III	
STREET ADDRESS	118 WEST ORANGE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SVD	☐ Delete
NAME	TAYLOR, PAUL J.F.	
STREET ADDRESS	118 WEST ORANGE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Mrs.	☐ Change ☐ Addition
NAME	PINDER, FRANKLIN B. III	
STREET ADDRESS	3781 HALF MOON DR.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	Taylor, Paul J.F.	☐ Change ☐ Addition
NAME	6512 PISCATAWAY	
STREET ADDRESS	ORLANDO, FL 32835	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR-2004 (10/00)

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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all prior like empowerment.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #