

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90021 018 ***150.00

DOCUMENT # P01000030994
 1. Entity Name
GO & LET GO, INC.

Principal Place of Business Mailing Address
71 DARROW DRIVE **71 DARROW DRIVE**
DESTIN FL 32550 **DESTIN FL 32550**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 6514**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Destin, Florida
 Zip Country Zip Country
32550 **USA**

4. FEI Number Applied For
59-3712164 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LARSH, DAWN E
36648 EMERALD COAST PARKWAY, SUITE 2101
DESTIN FL 32541

7. Name and Address of New Registered Agent
 Name **Anita L. Kirsch**
 Street Address (P.O. Box Number is Not Acceptable)
71 Darrow Dr.
 City **Destin** FL Zip Code **32550**

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 Anita L. Kirsch DATE 4-22-02
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 <input type="checkbox"/> Delete
NAME	KIRSCH, ANITA L
STREET ADDRESS	71 DARROW DRIVE
CITY-ST-ZIP	DESTIN FL 32550
TITLE	D <input type="checkbox"/> Delete
NAME	KIRSCH, DONALD W
STREET ADDRESS	71 DARROW DRIVE
CITY-ST-ZIP	DESTIN FL 32550
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Anita L. Kirsch DATE 4-22-02 DAYTIME PHONE # 950-650-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)