FILED
Jun 03, 2002 8:00 am
Secretary of State
05-13-2002 90091 027 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 01 0080 53290

1. Entity Name
Golls Pools II Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3090 Gulf Breeze Pkwy
Suite, Apt. #, etc.
City & State: Gulf Breeze FL
Zip: 32563 County: Santa Rosa

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip / County

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-372-2885 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Brett A. Goll
Street Address (P.O. Box Number is Not Acceptable): 3090 Gulf Breeze Pkwy
City: Gulf Breeze FL Zip Code: 32563

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: Brett A Goll 5-25-02
(Signature, typed or printed name of registered agent and title if applicable) (Required when changing Registered Agent) DATE

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 $400.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Brett A Goll Pres. 3090 Gulf Breeze Pkwy Gulf Breeze FL 32563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Earl Goll Vice Pres. 3090 Gulf Breeze Pkwy Gulf Breeze FL 32563
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CR2E034B (12/01)

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: Brett A Goll 4-22-02 8509327902
(Required) (Print Name of Officer, Director, Agent or Authorized Representative) Date Daytime Phone #