

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90055 009 ***150.00

DOCUMENT # P01000060202

1. Entity Name
SILLY GOOSE OF TAMPA, INC.

Principal Place of Business

~~3409 W BAY TO BAY BLVD~~
TAMPA FL 33629

Mailing Address

~~3409 W BAY TO BAY BLVD~~
TAMPA FL 33629

2. Principal Place of Business

3401 Bay to Bay Blvd

Suite, Apt. #, etc.

Suite D

Tp, FL

33629 Hillsborough

3. Mailing Address

3401 Bay to Bay Blvd

Suite, Apt. #, etc.

Suite D Tp, FL

33629



DO NOT WRITE IN THIS SPACE

4. FEI Number **399-00-21-79-00-55-3** / EIN# **59-3787-1004** Applied For ☐ **Applicable**

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

6. Name and Address of Current Registered Agent

SOCHER, MINDY WALTERS
3409 W BAY TO BAY BLVD
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **Mindy Socher president**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/02

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** ☐ Delete
 NAME **SOCHER, MINDY WALTERS**
 STREET ADDRESS **3409 W BAY TO BAY BLVD**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete
 NAME **MCDONALD, MARY WALL**
 STREET ADDRESS **3409 W BAY TO BAY BLVD**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mindy Socher

1/19/02

813-832-4244

CR2E034 (9/01)