2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000082784

1. Entity Name
GO SHOP, INC.

SIGNATURE:



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90111 023 ***150.00

2003

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Principal Place of Business 1999 UNIVERSITY DRIVE 201				Mailing Address 1999 UNIVERSITY DRIVE 201					
CORAL SPRINGS FL 33071			=	CORAL SPRINGS FL 33071				O TODANDON HAY BOTON HOND CONTO BOTON BOTON BOND BONDON HAND HONDY HONDY CONTO	
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State	9		City	City & State			4. FEI Number 65-1132601 Applied For Not Applicable		
Zip Country		Zip	Zip Cour		itry	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
						Name			
GENE S. BONHAM, C.P.A., P.A. 1999 UNIVERSITY DRIVE						Street Address (P.O. Box Number is Not Acceptable)			
212 CORAL SPRINGS FL 33071						City	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. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		OFFICERS AN	D DIRECTO	PRS	11.		Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11766	Г	./ *1.A - (1.1A.b.)		☐ Delete	TITLE	I .		☐ Change ☐ Addition	
STREET ADDRESS	VALENZUELA, JUAN 1999 UNIVERSITY DRIVE SUITE 201 CORAL SPRINGS FL 33071					E Et address - St-Zip			
TITLE NAME STREET ADDRESS				□ Delete	TITLE NAM STRE	1		☐ Change ☐ Addition	
CITY-ST-ZIP						-ST-ZIP			
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAM STRE	•		☐ Change ☐ Addition	
CITY-ST-ZIP	`					-ST-ZIP			
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI STRE		•	— Change Addition	
CITY-ST-ZIP					CITY	-ST-ZIP			
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI			Change Addition	
CITY-ST-ZIP						-ST-ZIP		J.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			•	☐ Change ☐ Addition	
12 I hereby ce	ertify that the on this repor poration or th or on an atta	e information supplied wi it or supplemental report ne receiver or trustee em achment with an address	th this filing isylue and dwered to with all oth	does not qualify for accurate and that m execute this report a er like empowered.	the aver	mation stated in Co	ection same 7, Flor	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 10 or Block 11 if	