

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90055 026 ***150.00

DOCUMENT # P01000105602

1. Entity Name

GOLLAN ENTERPRISES, INC.

Principal Place of Business

**2819 NW 12TH AVE.
 WILTON MANORS FL 33311**

Mailing Address

**2819 NW 12TH AVE.
 WILTON MANORS FL 33311**

80092175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

119 NE 19th Ct

119 NE 19th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201G Apt

Apt 201G

City & State

City & State

Wilton Manors FL

Wilton Manors FL

4. FEI Number

75-3044906

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33305

USA

33305

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GOLLAN, STEPHEN W

2819 NW 12TH AVE.

WILTON MANORS FL 33311

7. Name and Address of New Registered Agent

Name

Stephen W Gollan

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

119 NE 19th Ct, Apt 201G

City

Wilton Manors

FL

Zip Code

33305

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02
 DATE

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	GOLLAN, STEPHEN W	
STREET ADDRESS	2819 NW 12TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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
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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:

STEPHEN W GOLLAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

954-249-4116
 Daytime Phone #

CR2E034 (9/01)