

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90168 015 \*\*\*150.00

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DOCUMENT # P01000105602

1. Entity Name

GOLLAN ENTERPRISES, INC.



Principal Place of Business

119 NE 19TH CT

APT 2016

WILTON MANORS FL 33305

Mailing Address

119 NE 19TH CT

APT 2016

WILTON MANORS FL 33305

2. Principal Place of Business

4631 NE 3rd Terr

3. Mailing Address

4631 NE 3rd Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale, FL

4. FEI Number

75-3044906

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLLAN, STEPHEN W

119 NE 19TH CT

APT 2016

WILTON MANORS FL 33305

Name

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

4631 NE 3rd Terr

City

Ft. Lauderdale

FL

Zip Code

33334

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)

4/7/03

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
D  
GOLLAN, STEPHEN W  
2819 NW 12TH AVE.  
WILTON MANORS FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
4631 NE 3rd Terr  
Ft. Lauderdale, FL 33334

CR2E034 (10/02)

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

954-439-6361

Day

Daytime Phone #