

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90153 022 ***150.00

DOCUMENT # P02000011806

1. Entity Name
NATHAN J. GOCAL, INC.



Principal Place of Business
**7223 MORNING STAR LANE
NEW PORT RICHEY FL 34652**

Mailing Address
**7223 MORNING STAR LANE
NEW PORT RICHEY FL 34652**



2. Principal Place of Business

10136 GLEN MOOR LN
Suite, Apt. #, etc.

3. Mailing Address

10136 GLEN MOOR LN
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Richey FL

City & State
Port Richey FL

4. FEI Number
42-1529069

Applied For
☐ Not Applicable

Zip
34668 Country
US

Zip
34668 Country
US

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

6. Name and Address of Current Registered Agent

**GOCAL, NATHAN J
7223 MORNING STAR LANE
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10136 GLEN MOOR LN
City
Port Richey FL Zip Code
34668

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.

NATHAN GOCAL, Pres 1-8-03
(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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
GOCAL, NATHAN J
7223 MORNING STAR LANE
NEW PORT RICHEY FL 34652** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10136 GLEN MOOR LANE
PORT RICHEY FL 34668** ☒ Change ☐ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **NATHAN GOCAL, Pres 1-8-03 (727) 213-8935** Date Daytime Phone #

CR2E034 (10/02)