

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90097 035 ***150.00

DOCUMENT # P93000000043 1. Entity Name GO AWAY INC.			
Principal Place of Business 5360 N ATLANTIC AVE SUITE H COCOA BEACH FL 32931 US		Mailing Address 5360 N ATLANTIC AVE SUITE H COCOA BEACH FL 32931 US	
2. Principal Place of Business 5360 N. Atlantic		3. Mailing Address 5360 N. Atlantic	
Suite, Apt. #, etc. H		Suite, Apt. #, etc. H	
City & State Cocoa Beach		City & State Cocoa Beach	
Zip 32931		Zip 32931	
Country USA		Country USA	
4. FEI Number 59-3157104			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCIARAPPA, SHELLY 5360 N ATLANTIC AVE "H" COCOA BEACH FL 32931			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joe Sciarappa V.P.

1/8/01

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