2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90032 049 ***150.00

DOCUMENT # P93000011972

1. Entity Name
GOPLEN, INC.

Principal Place of Business	Mailing Address
41~~7~~9 FOREST PARK LANE CASSELBERRY FL 32707	41~~7~~9 FOREST PARK LANE CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
419 Forest Park Lane	419 Forest Park Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry, Florida	City & State: Casselberry, Florida
Zip: 32707 Country:	Zip: 32707 Country:

4. FEI Number 59-3162860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOPLEN, JAMES K
~~380 CELERY CIRCLE~~
~~OVIEDO FL 32765~~

Goplen James K
419 Forest Park Ln.
Casselberry Florida 32707

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 419 Forest Park Lane
City: Casselberry FL Zip Code: 32707

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GOPLEN, JAMES K 380 CELERY CIR OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 419 Forest Park Lane Casselberry, FL 32707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED James K Goplen Jan 12 2002 (407) 339-4969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)