

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90043 046 ***150.00

MARKER AV

DOCUMENT # P93000033363

1. Entity Name

GATSA GROUP, INC.

Principal Place of Business

**5324 3RD AVE
 STOCK ISLAND
 KEY WEST FL 33040**

Mailing Address

**5324 3RD AVE
 STOCK ISLAND
 KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0415650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ESQUINALDO, STEVEN B
 608 WHITEHEAD ST
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Stephen A. Goodrich**

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

1311 Laird St

City **Key West,**

FL

Zip Code **33040.**

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)

DATE

Stephen Goodrich

2-11-02

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 - ☐ Delete
 NAME **D**
 STREET ADDRESS **GOODRICH, ADRIAN I**
 CITY-ST-ZIP **5324 3RD AVE STOCK ISLAND
 KEY WEST FL 33040**

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

TITLE - ☐ Delete
 NAME **D**
 STREET ADDRESS **GOODRICH, TERRI A**
 CITY-ST-ZIP **5324 3RD AVE STOCK ISLAND
 KEY WEST FL 33040**

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

TITLE - ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02 305 296-6485
 Date Daytime Phone #

CR2E034 (9/01)