

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036762

1. Entity Name

GOPHER, FROG, & ALLIGATOR CORPORATION

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90019 001 ***400.00

09-14-2001 90019 002 ***150.00

Principal Place of Business
60 LIZARD LANE
SOPCHOPPY FL 32358

Mailing Address
60 LIZARD LANE
SOPCHOPPY FL 32358

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3193154

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTIN, NELSON L
60 LIZARD LANE
SOPCHOPPY FL 32358

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 _____ 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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MARTIN, NELSON	60 LIZARD LANE	SOPCHOPPY FL 32358				
VP	SEIDLER, ROBERT	191 PINE LANE	CRAWFORDVILLE FL 32327				
VP	MARTIN, BILL	1405 TOM STILL ROAD	TALLAHASSEE FL 32311				
T	CHAPPEL, ANGIE	31 ROSE STREET	SOPCHOPPY FL 32311				
VP	STRICKLAND, GEORGE E	60 LIZARD LANE	SOPCHOPPY FL 32358				

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: Nelson L Martin Nelson L. Martin 9-4-01 (850) 962-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)