

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092064

1. Entity Name
R.T. GOLDSTON ENTERPRISES, INC.

Principal Place of Business Mailing Address
3251 62 AVE N. 3251 62 AVE N.
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702

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 59-2148616 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSTON, RICHARD T
3251 62 AVE N.
ST. PETERSBURG FL 33702

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 _____ 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

TITLE P
NAME GOLDSTON, RICHARD T
STREET ADDRESS 3251 62 AVE N.
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Delete

TITLE S
NAME GOLDSTON, SHARON T
STREET ADDRESS 6151 90 AVE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Delete

TITLE VP
NAME GOLDSTEIN, LESLEY M
STREET ADDRESS 6151 90 AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: R.T. Goldston R.T. Goldston 5/18/01 (727) 522-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90366 030 ***150.00

769205



DO NOT WRITE IN THIS SPACE

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