

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092317

1. Entity Name
C. GOSLINE & ASSOC., INC.

P

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90015 008 ***150.00

Principal Place of Business
621 BEVILLE ROAD
SOUTH DAYTONA FL 32119
US

Mailing Address
621 BEVILLE RD
S DAYTONA BEACH FL 32119
US

A0078443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3344406**

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

GOSLINE, CLAUDIA M
903 N LAKEWOOD TERRACE
PORT ORANGE FL 32127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **GOSLINE, CLAUDIA**
STREET ADDRESS **903 N LAKEWOOD TERR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Claudia M. Gosline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-2000
Date

904-767-8108
Daytime Phone #

CR2E034 (5/00)

Attachment
#95000092317
A0678443

C. Gosline & Associates Inc.

September 6, 2000

Department of State
Division Of Corporation
P.O. Box 1500
Tallahassee, Fl. 32302-1500

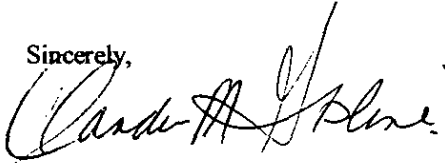
Department of State,

I apologize for the late filing of the 2000 Uniform Business Report due to theft of cash by my former book-keeper and misplacement of important paperwork (this form included) that I thought was handled.

I have enclosed a check for \$150.00 and request you waive the additional late fee.

Thanking you in advance for your patience and consideration:

Sincerely,



Claudia M. Gosline

cmg

Telephone (904) 767-8108 or Fax 9904) 767-9744
621 Beville Road, South Daytona, Florida