

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90110 020 ***150.00

DOCUMENT # P96000055803

1. Entity Name
GOLLY'S SERVICES, INC.

Principal Place of Business

**6116 SW 22 CT
 HOUSE
 MIRAMAR FL 33023
 US**

Mailing Address

**X 6116 S.W. 22ND COURT
 MIRAMAR FL 33023
 US**

2. Principal Place of Business

Same as above

3. Mailing Address

4717 Adams St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

Country

33021

USA

4. FEI Number **65-0681944**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GOLAUB, NORMAN G
 6116 S.W. 22ND COURT
 MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name *N/A*

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 \$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	DP	<input type="checkbox"/> Delete
NAME	GOLAUB, NORMAN G	
STREET ADDRESS	6116 S.W. 22ND COURT	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GOLAUB, UNA S	
STREET ADDRESS	6116 S.W. 22ND COURT	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Una Golaub*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (305) 908-5757
 Date Daytime Phone #

CR2E034 (10/00)