

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069929

1. Entity Name

GO BIG GEAR INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90192 036 ***150.00

Principal Place of Business

Mailing Address

195 KAROLINA AVE
WINTER PARK FL 32789
US

PO 1596
WINTER PARK FL 32790-1596
US

2. Principal Place of Business

3. Mailing Address

1985 Karolina Ave.

Suite, Apt. #, etc.

Winter Park

City & State

Florida

Zip

32789

Country

USA

Zip

Country

4. FEI Number

59-3399158

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

7. Name and Address of New Registered Agent

WELKE, KENT
113 LAGO VISTA BLVD.
CASSELBERRY FL 32707

Name

Welke, Kent

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

5105 City Street, #822

City

Orlando

FL

Zip Code

32839

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, 2000 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 WELKE, KENT
CITY-ST-ZIP 113 LAGO VISTA BLVD.
CASSELBERRY FL 32707

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Welke, Kent
CITY-ST-ZIP 5105 City Street, #822
Orlando, FL. ~~32839~~ 32839

TITLE ☐ Delete
NAME D
STREET ADDRESS OLSEN, SETH
CITY-ST-ZIP 113 LAGO VISTA BLVD.
CASSELBERRY FL 32707

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Olsen, Seth
CITY-ST-ZIP 1985 Karolina Ave
Winter Park, Florida 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

407-765-7819

Daytime Phone #

CR2E034 (9/99)