

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000079441**1. Entity Name
GORMAI, INC.**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90064 016 ***150.00

Principal Place of Business
4370 GULF SHORE BLVD. N
STE 704
NAPLES FL 34103
USMailing Address
4370 GULF SHORE BLVD. N
STE 704
NAPLES FL 34103
US**00027085**

DO NOT WRITE IN THIS SPACE

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 **65-0780195**

Applied For

Not Applicable

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

GORMAN, BRIAN
4370 GULF SHORE BLVD, N
STE 704
NAPLES FL 34103Name
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 State10. 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	<input type="checkbox"/> Delete
VP T	GORMAN, BRIAN	4370 GULF SHORE BLVD, N	NAPLES FL 34103	<input type="checkbox"/>
P S	GORMAN, DARA	44 GREENWOOD AVE	HOWTHORNE NJ	<input type="checkbox"/>
T	GORMAN, BRIAN G	22460 FOUNTAIN LAKES BLVD	ESTERO FL 33928	<input type="checkbox"/>
S	GORMAN, DARA L	22460 FOUNTAIN LAKES BLVD	ESTERO FL 33928	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Dara Gorman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01 941 263-6979

CP2E034 (10/00)