

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91113 023 \*\*\*150.00

**DOCUMENT #** P97000079441

**1. Entity Name**

GORMAI, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

4370 GULF SHORE BLVD N

Suite, Apt. #, etc.  
704

**3. Mailing Address**

4370 GULF SHORE BLVD N

Suite, Apt. #, etc.  
704

DO NOT WRITE IN THIS SPACE

City & State  
NAPLES, FL

City & State  
NAPLES, FL

**4. FEI Number**

65-0780195

Applied For

Not Applicable

Zip  
34103

Country

USA

Zip  
34103

Country

USA

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
GORMAN, BRIAN

Street Address (P.O. Box Number is Not Acceptable)  
4370 GULF SHORE BLVD N

City  
NAPLES

FL

Zip Code  
34103

**DO NOT WRITE  
IN THIS SPACE**

**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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	VP T GORMAN, BRIAN 4370 GULF SHORE BLVD N NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P S GORMAN, DARA 4370 GULF SHORE BLVD N NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/29/02 941/263-6977  
Date Daytime Phone #

CR2E034B (12/01)