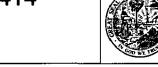
FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90084 015 ***150.00

	R PROFIT CORPORA	
UNIFORM	BUSINESS REPORT	(UBF
CUMENT #	P98000018414	

DOCUMENT # 1. Entity Name

GOTTSCHALK, INC.



Principal Place of Business P.O. BOX 363 LAND O'LAKES FL 34639

Mailing Address P.O. BOX 363

LAND O'LAKES FL 34639

2. Principal Place of Business		3. Mailing Address				-				
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. F	^{-El Number} 59-3498015	— — —	pplied For ot Applicable	
Zip	Country	_ Zip ,	••	Country	1	··· 5. C	Certificate of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
GOTTSCHALK, PETER M					Street Address (P.O. Box Number is Not Acceptable)					
4824 KING LAKE DR.					on the state of th					
Land o'l	AKES FL 34639									
					City		F	Zip Cod	e	
8. The above	named entity submits this statement for ions of registered agent.	or the purpo	ose of changing its	registered	office or reg	istered age	ent, or both, in the State of Florida. I an	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE	: Registered A	gent signature re	quired when rei	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees		
10.	OFFICERS AND DIRECTORS 11			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D D		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	GOTTSCHALK, PETER M 4824 KING LAKE DR.			NAME	ADDRESS				,	
CITY-ST-ZIP	LAND O'LAKES FL 34639			CITY-S						
TITLE			☐ Delete	TITLE		_		☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS	_				ADDRESS					
CITY-ST-ZIP				- CITY-ST	-ZIP.					
TITLE NAME	,		Delete	TITLE NAME	1			☐ Change	☐ Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-ST	-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				CITY-ST	ADDRESS					
TITLE		***	☐ Delete	TITLE	-211			☐ Change	Addition	
NAME			□ Delete	NAME	Ì			Orlange	Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		<u>-</u>		CITY-ST	-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS				NAME	ADDRESS					
CITY-ST-ZIP				CITY-ST	ADDRESS - ZIP				Į	

12. 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 supplier enable port 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 trasper empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE: