

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029356

1. Entity Name
NADGOB INCORPORATED

Principal Place of Business
19321-C US HWY 19 N. STE. 601
CLEARWATER FL 33764

Mailing Address
19321-C US HWY 19 N. STE. 601
CLEARWATER FL 33764

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

6. Name and Address of Current Registered Agent

GAWRON, MARY
19321-C US HWY 19 N, STE. 601
CLEARWATER FL 33764

4. FEI Number **59-3502243**
Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAPINSKI, BOGDAN 59-30 57TH RD. MASPETH NY 11378 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP P BOGDAN LAPINSKI 7779 N HOLIDAY DR. SARASOTA FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bohdan Lapinski BOGDAN LAPINSKI 04/02/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)