

2000 UNIFORM BUSINESS REPORT (UBR)

10x2

DOCUMENT # P98000041297

1. Entity Name
GOVE-SIEBOLD GROUP, INC.

FILED

00 JUL 31 PM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
200 KNUTH ROAD
SUITE 248-D
BOYNTON BEACH FL 33436

Mailing Address
200 KNUTH ROAD
SUITE 248-D
BOYNTON BEACH FL 33436

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 65-0831626

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

SIEBOLD, STEVE
200 KNUTH ROAD
SUITE 248-D
BOYNTON BEACH FL 33436

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 SIEBOLD, STEVEN 200 KNUTH RD. #248-D BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/24/00 Daytime Phone #

CF 0024 (15/00)

RE

P98000041297

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Dear Sirs,

Enclosed is a copy of the check, -
cleared & deposited into your account.
We've already paid this and on time.
ch # 2175 cleared on March 8, 2000.

Any questions or concerns on this
matter please call Dawn Siebold
at the Gove-Siebold Group 561-733-9078.

Sincerely

Dawn Siebold



GOVE-SIEBOLD GROUP, INC. 07/98
PH 561-733-9078
200 KNUTH RD. STE 248D
BOYNTON BEACH, FL 33436

C0020734

2175

63-8735/2670
BRANCH 24

DATE Feb. 5, 2000

THE DEPARTMENT OF STATE

\$ 150.00

One hundred fifty



FIDELITY
FEDERAL
SAVINGS BANK OF FLORIDA

030455721 0627 1422 00 03 DOLLARS

Security features
provided
Details on back

Doc # P9800041297

[Signature]

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