2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # **P98000081142**

1. Entity Name
GOTTFRIED FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
LINTON OFFICE TOWERS 100 LINTON BLVD., SUITE 408B DELRAY BEACH FL 33444	LINTON OFFICE TOWERS 100 LINTON BLVD., SUITE 408B DELRAY BEACH FL 33444

2. Principal Place of Business	3. Mailing Address
7777 W GLADES ROAD	2901 CLINT MOORE ROAD
Suite, Apt. #, etc.: SUITE 214	Suite, Apt. #, etc.: # 149
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33434 Country:	Zip: 33496 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0866938** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTFRIED JEFFREY
LINTON OFFICE TOWERS
100 LINTON BLVD., SUITE 408B
DELRAY BEACH FL
33444

7. Name and Address of New Registered Agent

Name: GOTTFRIED JEFFREY
Street Address (P.O. Box Number is Not Acceptable): 7777 W GLADES ROAD
SUITE 214
City: BOCA RATON **FL** Zip Code: 33434

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 **JEFFREY GOTTFRIED** **04/30/2000**
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, 2000 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	D GOTTFRIED JEFFREY LINTON OFFICE TWRS., 100 LINTON BLVD. DELRAY BEACH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTFRIED JEFFREY 7777 W GLADES ROAD SUITE 214 BOCA RATON FL 33434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: JEFFREY GOTTFRIED D 04/30/2000