

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90785 033 \*\*\*150.00

**DOCUMENT # P98000092076**

1. Entity Name  
**GONNET CORP.**



Principal Place of Business  
**1314 E CAPE CORAL PARKWAY  
#203  
CAPE CORAL FL 33904  
US**

Mailing Address  
**PO BOX 101335  
CAPE CORAL FL 33910**



2. Principal Place of Business  
**1314 E CAPE CORAL PARKWAY**

3. Mailing Address

Suite, Apt. #, etc.  
**204**

Suite, Apt. #, etc.

City & State  
**CAPE CORAL, FL.**

City & State

4. FEI Number **65-0880745**

Applied For

Not Applicable

Zip  
**33904**

Country  
**US**

Zip

Country

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

**SENDRA, JOSE A  
1314 E CAPE CORAL PARKWAY  
#203  
CAPE CORAL FL 33904**

Name  
**SENDRA, JOSE A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1314 E CAPE CORAL PARKWAY  
#204  
CAPE CORAL, FL Zip Code 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FIORITO, CRISTINA 1314 E CAPE CORAL PKWY #203 CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SENDRA, EDUARDO 1314 E CAPE CORAL PKWY #203 CAPE CORAL FL 33904</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FIORITO, CRISTINA 1314 E CAPE CORAL PKWY #204 CAPE CORAL, FL. 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SENDRA, EDUARDO 1314 E CAPE CORAL PKWY #204 CAPE CORAL, FL. 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Sendra, Eduardo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/25/03 (239) 945 6777**  
Date Daytime Phone #

CR2E034 (10/02)