

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90342 015 ***150.00

DOCUMENT # P99000026317

1. Entity Name

Goldmark Kt, Inc.

Principal Place of Business

Montgomery Al.

Mailing Address

3040 Woodly Rd

Montgomery Al.

36116

C0068585

2. Principal Place of Business

3040 Woodly Rd

3. Mailing Address

3300 N. Pace Blvd

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

50

DO NOT WRITE IN THIS SPACE

City & State

Montgomery Alabama

City & State

Pensacola Fl.

4. FEI Number

59-3565952

Applied For

Not Applicable

Zip

36116

Country

USA

Zip

32505

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

John O'Donnell
 3331 Summitt Blvd Apt. 69
 Pensacola Fl. 32503

7. Name and Address of New Registered Agent

Name N/A

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 retesting)

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

TITLE	President	☐ Delete
NAME	John O'Donnell	
STREET ADDRESS	3331 Summitt Blvd Apt 69	
CITY-ST-ZIP	Pensacola Fl. 32503	
TITLE	V. President Treasurer	☐ Delete
NAME	Michael Hilton Shows	
STREET ADDRESS	2189 Venetian Way	
CITY-ST-ZIP	Gulf Breeze Fl. 32561	
TITLE	Secretary	☐ Delete
NAME	Teresa D. Shumate	
STREET ADDRESS	1634 Liani Ln.	
CITY-ST-ZIP	Gulf Breeze Fl. 32561	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Teresa D Shumate Teresa DShumate 4-30-01 (850)434-6264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)