FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047324

1. Entity Name

GORAL INC

DO NOT WRITE IN THIS SPACE

I1005618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12701 Silver Pine Drive

Suite, Apt. #, etc.
X

City & State
Riverview Florida

Zip 33569   Country USA

3. Mailing Address
12701 Silver Pine Drive

Suite, Apt. #, etc.
X

City & State
Riverview Florida

Zip 33569   Country USA

4. FEI Number 59-357-6302.   ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Anthony T. Portz

Street Address (P.O. Box Number is Not Acceptable)
12701 Silver Pine Drive

City Riverview   FL   Zip Code 33569

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 Anthony Portz President

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

April 15th 03   DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Anthony Portz	NAME	
STREET ADDRESS	12701 Silver Pine Drive	STREET ADDRESS	
CITY-ST-ZIP	Riverview FLA 33569	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _(signature)_ Anthony T. Portz   April 15 03   (813) 677-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #