

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90667 043 \*\*\*150.00

0501944 AV

**DOCUMENT # P99000063322**

1. Entity Name

**JAMES W. GOLDMAN, P.A.**

Principal Place of Business

**11228 TAMiami TRAIL NORTH  
 NAPLES FL 34110**

Mailing Address

**11228 TAMiami TRAIL NORTH  
 NAPLES FL 34110**

00064607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3467 Pine Ridge Rd**

3. Mailing Address

**3467 Pine Ridge Rd**

Suite, Apt. #, etc.

**# 102**

Suite, Apt. #, etc.

**# 102**

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**59-3585405**

Applied For

Not Applicable

Zip

**34109**

Country

**USA**

Zip

**34109**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDMAN, JAMES W**

**11228 TAMiami TRAIL NORTH**

**NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name

**GOLDMAN, JAMES W**

Street Address (P.O. Box Number is Not Acceptable)

**3467 Pine Ridge Rd #102**

City

**NAPLES**

**FL**

Zip Code

**34109**

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

*James Goldman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/30/01**

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, 2002 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 **D** ☐ Delete  
 NAME **GOLDMAN, JAMES W**  
 STREET ADDRESS **11228 TAMiami TRAIL NORTH**  
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 **D** ☒ Change ☐ Addition  
 NAME **GOLDMAN, JAMES W**  
 STREET ADDRESS **3467 Pine Ridge Rd #102**  
 CITY-ST-ZIP **NAPLES FL 34109**

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

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

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 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:

*James Goldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/01**

Date

**944 5975367**

Daytime Phone #

CR2E034 (9/01)