2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000073228

DOCUMENT # 1. Entity Name

SIGNATURE:

THE GOOSE SHIRT CO., INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90416 024 ***150.00

Date

Daytime Phone #

Pince of Marker M							() () () () () () () () () ()								
Sulfe, Apt. #. etc. Sulfe, Apt. #. etc. Sulfe, Apt. #. etc. CHECK HERE IF MAXING CHANGES Applicable City & State City & State 4. FEI Number 65-0943027 Applicable Rex Applica	1831 N.E. 15TI	H AVE.	1831	1831 N.E. 15TH AVE.											
City & Sistes City &	2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address							18 14 18 14	1 8888 1111 8 111		,
Section Sect	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
S. Name and Address of Current Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Street Address (Po. Box Number is Not Acceptable) Street Address (Po. Box Number is Not Number is Not Acceptable) Street Address (Po. Box Number is Not Number is Nu	City & State	е		City	& State			4.	FEI Number	65-09	43027			· · ·	
TATUM, JAMES R 1831 N.E. 15TH AVE. FT. LAUDERDALE FL 33305 City FL Zip Code	Zip		Country	Zip	اد اداده	Coun	try	5.	Certificate o	f Status D	esired				
TATUM, JAMES R 1831 N.E. 15TH AVE. FT. LAUDERDALE FL 33305 City FL Zip Code		6. Name	and Address of C	urrent Registere	ed Agent	•		7.	Name and A	Address o	f New Re	gistered	Agent		
1831 N.E. 15TH AVE. FT. LAUDERDALE Ft. 33305 City FL Zip Code							Name		•						
Entry continue control submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmiliar with, and accept time colligations of registered agent. SIGNATURE					Street Addres			ss (P.O. E	s (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE															
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 regigered agent. ### ### ### ### ### ### ### ### ### #							City					FL	_ Zip Co	ode	
FILE NOW!! TEEE IS \$150.00 After May 1, 2003. Fige will be \$550.00 Make Check Payable to Flightia Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE TATUM, JAMES STRETA ADDRESS CITY-ST-2P TITLE TITL	the obligati	ions of regist	ered agent.	Totur	<i>77</i>					, in the Sta	ate of Flor	ida. I am	familiar wit	h, and acce	pt
Atter May 1, 2003 Fige will be \$550.00 Make Check Payable to Figital Department of State 10.				/	1	. riogistoro		40	1						
TITLE PORT LAUDERDALE FL 33305	After	May 1, 200	3 Fee will be \$5	50.00					1		_				e
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET			}·		I	11		ΔΙ	DDITIONS/C	HANGES	TO OFFI	CERS AND	DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP TITLE NAME STREET ADDRESS	;	D	OTTIOZIT	5, #15 B# 12070		_	·								tion
STREET ADDRESS CITY-ST-ZPP FORT LAUDERDALE FL 33305 TITLE NAME STREET ADDRESS CITY-ST-ZPP TITL		l '	AMES		Delete									_	
CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						STRE	ET ADDRESS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	CITY-ST-ZIP			305		CITY	-ST-ZIP]
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE			, .	☐ Delete	TITL	E						☐ Change	e 🗌 Addit	tion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME .		•			NAM	E								
TITLE	STREET ADDRESS					STRE	ET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	CITÝ-ST-ZIP		•			CITY	-ST-ZIP							•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE	TITLE		*	•	☐ Delete				• "	-			Change	e 🔲 Addit	ion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							_								
TITLE							II	•							·
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET													□ Change		ion
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS					L. Delete									: Addii	11011
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITL															
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 diversion or the receiver or trustee emprowered to execute this report as required by Charge SQT. Florida Statutes: 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 emprowered to execute this report as required by Charge SQT. Florida Statutes: 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 emprowered to execute this report as required by Charge SQT. Florida Statutes: 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 emprowered to execute this report as required by Charge SQT. Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and the corporation or the receiver or trustee emprowered to execute this report as required by Charge SQT. Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and the corporation or the receiver of th						CITY	-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 office or diversion or the receiver or trustee emprowered to execute this report as required by Charge 507. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the composition or the receiver or trustee emprowered to execute this report as required by Charge 507. Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the composition or the receiver or trustee emprowered to execute this report as required by Charge 507. Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the composition or the receiver or trustee emprowered to execute this report as required by Charge 507. Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the composition or the receiver or trustee emprowered to execute this report as required by Charge 507. Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the composition or the receiver or trustee emprowered to execute this report of the composition of the compositio	TITLE		• •		☐ Delete	TITL	<u> </u>						Change	e 🔲 Addit	tion
CITY-ST-ZIP CITY-						NAM	E								
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 composition or the receiver or trustee emowered to execute this report as required by Charge 807. Florida Statutes: and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receiver or trustee emovered to execute this report as required by Charge 807. Florida Statutes: and that my same appears in Block 10 or Block 11 if	•														
NAME STREET ADDRESS CITY-ST-ZIP 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 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 trueteem somewhead to execute this report as required by Charles Statutes; and that my name appears in Block 10 or Block 11 if	CITY-ST-ZIP					CITY	-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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 employee of the execute this report as required by Charles 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if					☐ Delete								☐ Change	e 🗌 Addit	tion
CITY-ST-ZIP 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 converging or the receiver or trustee employeed to execute this report as required by Chapter 607. Florida Statutes; and that my name annears in Block 10 or Block 11 if															
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							II								
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 amounteed to execute this report as required by Charles ROY. Florida Statutes; and that my name appears in Block 10 or Block 11 if		Laurite de la	information "	and other services	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12			n Contin -	110.07/01/0	Elorida O	tatutas 1	further e-	ctifu that th	a information	\dashv
	indicated	on this repor	t or supplemental r	eport is true and	accurate and that	my signa t as requi	ture shall have :	the same	e legal effect.	as if made	e under oa	ath: that Li	am an offic	er or directo	or