

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90018 025 ***150.00

DOCUMENT # **P99000097087**

1. Entity Name
GODSEY ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
115 LAKE SHORE DR. E.

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State

4. FEI Number
59-3606438

Applied For
Not Applicable

Zip
34684

Country
USA

Zip
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Wendy Summers
Street Address (P.O. Box Number is Not Acceptable)
115 LAKE SHORE DR. E.
City
PALM Harbor, FL Zip Code
34684

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  **WENDY J. SUMMERS** **1-3-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
WENDY J. SUMMERS
115 LAKE SHORE DR. E.
PALM HARBOR, FL 34684**

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IN THIS SPACE**

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

SIGNATURE:  **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-02 888-488-9300
Date Daytime Phone #

WENDY J. SUMMERS

CR2E034B (12/01)