

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29396

1. Entity Name
GOITIA & MICHUDA, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90270 021 ***150.00

Principal Place of Business
PO BOX 20156
WEST PALM BEACH FL 33416

Mailing Address
PO BOX 20156
WEST PALM BEACH FL 33416

2. Principal Place of Business
2670 YARMOUTH DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2670 YARMOUTH DRIVE
Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

Zip Country
33414 USA

Zip Country
33414 USA

4. FEI Number 65-0238883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHUDA, ANTHONY J
2670 YARMOUTH DR
WELLINGTON FL 33414

Name

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 *Anthony J. Michuda* ANTHONY J. MICHUDA SECRETARY/DIRECTOR 2/01/01
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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME GOITIA, ANGEL E
STREET ADDRESS 7769 NEMEC DR S
CITY-ST-ZIP LAKE CLARKE SHORES FL 33406 ☐ Delete

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

TITLE SD
NAME MICHUDA, ANTHONY J.
STREET ADDRESS 2670 YARMOUTH DR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Anthony J. Michuda* ANTHONY J. MICHUDA 02/01/01 (361) 795-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)