

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77361

1. Entity Name

GO MARKETING, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90082 017 ***158.75

Principal Place of Business

Mailing Address

550 N. REO #300
TAMPA FL 33609

PO BOX 27096
TAMPA FL 33623-7096

2. Principal Place of Business

3. Mailing Address

550 N. Reo #300

P.O. Box 27096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa

Tampa, FL

City & State

City & State

FL

Tampa, FL

Zip

33609

Country

USA

Zip

33623-7096

Country

U.S.A.

4. FEI Number

65-0281978

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

BUBLEY, DAN ATTORNEY AT LAW
3820 NORTHDAL BLVD
TAMPA FL

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

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, 2000 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 PVST
NAME MINK, KATHLEEN M.
STREET ADDRESS PO BOX 27096
CITY-ST-ZIP TAMPA FL 33623 ☐ Delete

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

TITLE VPST
NAME MINK, KATHLEEN N
STREET ADDRESS PO BOX 27096
CITY-ST-ZIP TAMPA FL 33623 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

813.261.5081

Daytime Phone #

CR2E034 (9/99)