2002 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # **N98000002565** 1. Entity Name GOLDEN ACCESS, INC. 05-13-2002 90049 031 ****61.25 Principal Place of Business Mailing Address 6416 26 STREET WEST PO BOX 10601 **BRADENTON FL 34207 BRADENTON FL 34282** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0822250 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN HOUTEN, RUSCEEN Street Address (P.O. Box Number is Not Acceptable) 6416 26 STREET WEST **BRADENTON FL 34207** City 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. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition van houten, Rusceen NAME NAME STREET ADDRESS 6416 26 STREET WEST STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34207** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition GOLDMAN, SABRENA NAME NAME 8830 AUTUMN WINDS DR 204 STREET ADDRESS STREET ADDRESS RALEIGH-NC-27615---CITY_ST_ZIP_ CITY-ST-ZIP ŜD TITLE Delete TITLE Change ☐ Addition RELEFORD, CARISSA RELEFORD CARISSA 105 GULL COUT NAME NAME STREET ADDRESS 105 GULF COURT STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37214 CITY-ST-ZIP TN 37214 TITLE ☐ Defete TITLE ☐ Change Addition NORMAN, FRANK G NAME STREET ADDRESS 6407 - 26TH ST W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-29-02

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