## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # 251008** 1. Entity Name THE GOLD CARRIAGE, INC. 03-21-2000 90051 006 \*\*\*150.00 Principal Place of Business Mailing Address 2264 SE 27TH ST 1441 TAMIAMI TR SUITE 585 #395 60041343 PORT CVHARLOTTE FL 33948 **CAPE CORAL FL 33904-3326** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-0940966 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRINK, LILLIAN M Street Address (P.O. Box Number is Not Acceptable) 2264 SE 27TH ST CAPE CORAL FL 33904 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition ☐ Delete TITLE TITLE BRINK, LILLIAN M NAME NAME STREET ADDRESS 2264 SE 27THS T STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP Change ☐ Addition Delete TITLE BRINK, DONALD NAME 2264 SE 27TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change ☐ Addition ☐ Delete TITLE BRINK:LILIAN M NAME STREET ADDRESS 2264 SE 27TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change ☐ Addition ☐ Delete TITLE TITLE BRINK, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 2264 SE 27TH ST CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL [ ] Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: