

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90086 024 ***150.00

DOCUMENT # 3442611. Entity Name
GOLDEN RENTALS, INC.

Principal Place of Business

**3680 S.E. DIXIE HWY
STUART FL 34987-5247**

Mailing Address

**P.O. BOX 31262
PALM BEACH GARDENS FL 33420-1262
US**

- 16985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1402620

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDEN, NORMAN**P.O. BOX 31262****STUART, FL****PALM BEACH GARDENS FL 33420**

Name

Norman Golden

Street Address (P.O. Box Number is Not Acceptable)

6 Alston Rd**Palm Beach Gardens**

City

FL

Zip Code

33418

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, 2002 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GOLDEN, HARVEY MARK
843 RIVERSIDE RD
N PALM BEACH, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GOLDEN, NORMAN
6 ALSTON ROAD
PALM BCH GARDENS FL 33418** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
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☐ DeleteTITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Golden

Date

Daytime Phone #

1/8/02 566-283-0220

CR2E034 (9/01)