

2/19/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-19-2001 90061 048 ***150.00

DOCUMENT # 399969

1. Entity Name

GOLDEN CUE, INC.

Principal Place of Business

Mailing Address

299 N BABCOCK ST
MELBOURNE FL 32935299 N BABCOCK ST
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1396894

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

DAUGHTRIDGE, JOHN H
1170 POLK STREET
MELBOURNE FL 32935

Name

DAUGHTRIDGE, JOHN H

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

271 EAST HAVEN DRIVE

City

West MELBOURNE FL

Zip Code

32904

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, 2001 Fee will be \$350.00****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 PD ☐ Delete
 NAME DAUGHTRIDGE, JOHN H
 STREET ADDRESS 1170 POLK STREET
 CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☐ Addition
 NAME DAUGHTRIDGE, JOHN H.
 STREET ADDRESS 271 EAST HAVEN DR
 CITY-ST-ZIP W. MELBOURNE, FL 32904
 President

TITLE STD ☒ Delete
 NAME OHMAN, PETER S.
 STREET ADDRESS 871 TUPELO DRIVE
 CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☒ Addition
 NAME MCCREARY, TRACY A.
 STREET ADDRESS 271 EAST HAVEN DR.
 CITY-ST-ZIP W. MELBOURNE, FL 32904
 STD

TITLE D ☒ Delete
 NAME WILDMAN, PHYLLIS J
 STREET ADDRESS 1311 HARRY SUTTON RD
 CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☒ Addition
 NAME DAUGHTRIDGE, Jefferey C.
 STREET ADDRESS 271 E. HAVEN DR.
 CITY-ST-ZIP W. MELBOURNE, FL 32904
 D

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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

Tracy McCreary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

321 2545477

Daytime Phone #

CR2E034 (10/00)