

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005841

1. Entity Name
GOLDCON ENTERPRISES, INC.

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90030 003 ***550.00

Principal Place of Business
1551 BEACH AVE
ATLANTIC BEACH FL 32233

Mailing Address
PO BOX 330440
ATLANTIC BEACH FL 32233

2. Principal Place of Business
3204 Sawgrass Village Circle
Suite, Apt. #, etc.

3. Mailing Address
PO Box 330440
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach FL
Zip
32082
Country
USA

City & State
Atlantic Beach FL
Zip
32233
Country
USA

4. FEI Number 59-3395676

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

KAHN, PAUL G
3745 JOHNS INDUSTRIAL PKWY. WEST
JACKSONVILLE FL 32246

Name Paul G. Kahn
Street Address (P.O. Box Number is Not Acceptable)
3204 Sawgrass Village Circle
City Ponte Vedra Beach FL Zip Code 32082

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 Paul G. Kahn, President
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME KAHN, PAUL
STREET ADDRESS PO BOX 330440
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

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

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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00
Date

904.543.3720
Daytime Phone #

CR2E034 (5/00)