

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G44177

1. Entity Name

GOLDEN PACIFIC INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90118 041 ***150.00

Principal Place of Business

Mailing Address

80 HUNTERS TRAIL
LONGWOOD FL 32779

80 HUNTERS TRAIL
LONGWOOD FL 32779-9734

2. Principal Place of Business

539 Matilda Place

3. Mailing Address

539 Matilda Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL 32750

4. FEI Number

59-2324822

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHU, GRACE Y
80 HUNTERS TRAIL
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Chu, Grace Y

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

539 Matilda Place

City

Longwood

FL

Zip Code

32750

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, 2000 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

TITLE PD ☐ Delete
NAME CHU, GRACE Y.
STREET ADDRESS 80 HUNTERS TRAIL
CITY-ST-ZIP LONGWOOD FL

TITLE STD ☐ Delete
NAME CHU, BUT-SHEE
STREET ADDRESS 80 HUNTERS TRAIL
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Grace Y. Chu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace Y. Chu

4/3/2000

Date

407-333-8584

Daytime Phone #

CR2E034 (9/99)