## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # G78546** 1. Entity Name GOLDSMITHS RARE COINS & FINE JEWELRY, INC. 05-16-2000 90025 023 \*\*\*150.00 Mailing Address Principal Place of Business 1005 SAMMY DRIVE 1005 SAMMY DRIVE 04000. TAMPA FL 33613-2044 TAMPA FL 33613 2. Principal Place of Basiness 1 1502 W. Busah Mailing Address *0180127143*2 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2374430 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required us a USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen GOLDSMITH, MARC 1005 SAMMY DRIVE **TAMPA FL 33613** 35613 or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE (NOTF Registered Agent sign Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change Addition DP ☐ Delete TITLE TITLE GOLDSMITH, MARC S. NAME STREET ADDRESS 1005 SAMMY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33613 TIMPS FIA 33 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED VAME OF SIGNING OFFICER OR DIRECTOR