

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H28211**

1. Entity Name
GOLDEN NUGGET ENTERPRISES, INC.



Principal Place of Business

~~2023 US-19~~
HOLIDAY FL 34691

Mailing Address

~~2023 US-19~~
HOLIDAY FL 34691

2. Principal Place of Business

1542 US Hwy 19
Suite, Apt. #, etc.

3. Mailing Address

1542 US Hwy 19
Suite, Apt. #, etc.

City & State

HOLIDAY, FL

City & State

HOLIDAY, FL

Zip

34691

Country

USA

Zip

34691

Country

USA

6. Name and Address of Current Registered Agent

JANEVSKI, VASIL

~~2023 US-19~~

HOLIDAY FL 34691

Name

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

1542 US Hwy 19

City

HOLIDAY

FL

Zip Code

34691

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **JANEVSKI, VASIL**
STREET ADDRESS **2023 US 19**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1542 US Hwy 19**
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200013919548**
CITY-ST-ZIP **03/11/03--01059--015 **150.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 (727) 937-8330

Date

Daytime Phone #

CR2E034 (10/02)