

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35119

1. Entity Name

GOLDENS NET SHOP, INC.

**FILED**  
Jun 07, 2000 8:00 am  
Secretary of State

05-02-2000 90140 047 \*\*\*150.00

Principal Place of Business

HIGHWAY 98  
EASTPOINT FL 32328-9601

Mailing Address

P.O. BOX 107  
EAST POINT, FL 32328-0107

2. Principal Place of Business

308 HY 98

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 107

Suite, Apt. #, etc.

City & State

EASTPOINT

City & State

FL

Zip

32328

Country

FRANKLIN

Zip

32328

Country

FRANKLIN

4. FEI Number

59-2501249

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, JOHN H

HIGHWAY 98

P.O. BOX 107

EASTPOINT FL 32328

7. Name and Address of New Registered Agent

Name

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

GOLDEN, JOHN H

308 HY 98 P.O. BOX 107

City

EASTPOINT FL

FL

Zip Code

32328

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 use 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	PTD	<input type="checkbox"/> Delete
NAME	GOLDEN, JOHN H	
STREET ADDRESS	P. O. BOX 107 NA	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GOLDEN, JAMES	
STREET ADDRESS	P. O. BOX 107 NA	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John H. Golden JOHN H. GOLDEN

4-21-00

850-670-8676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)