

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50937

1. Entity Name

GOLDEN CHOICE, INC.

Principal Place of Business

Mailing Address

5574 SOUTH NOVA ROAD
PORT ORANGE FL 32127

5574 SOUTH NOVA ROAD
PORT ORANGE FL 32127-6323

2. Principal Place of Business

3. Mailing Address

5574 S. NOVA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE FL

Zip

Country

32127

Country

Volusia

4. FEI Number

59-2518286

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

MALSCH, H. JOHN
370 WESTERN RD
SAMSULA FL 32168

Name

H. John Malsch

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

370 Western Rd

City

New Smyrna Beach FL

Zip Code

32168

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

H. John Malsch

H. John Malsch

2/2/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MALSCH, H. JOHN
STREET ADDRESS 370 WESTERN RD
CITY-ST-ZIP SAMSULA FL ☐ Delete

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

TITLE D
NAME MALSCH, MARY ALICE
STREET ADDRESS 370 WESTERN RD
CITY-ST-ZIP SAMSULA FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

H. John Malsch

2/2/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90001 041 ***150.00

C0018760



DO NOT WRITE IN THIS SPACE