

FILED

03 OCT -8 PM 3:53

AMENDED SECRETARY OF STATE TREASURY DEPARTMENT TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H55863

1. Entity Name
GOLDEN HOUSE OF CHIEFLAND, INC.

Principal Place of Business: 3906 S SUNCOAST BLVD, HOMOSASSA SPRINGS, FL 34448
Mailing Address: 3906 S SUNCOAST BLVD, HOMOSASSA SPRINGS, FL 34448

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-2535582**
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LI, JIANMIN
3906 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

7. Name and Address of New Registered Agent
Name: **LIN, MEI Q**
Street Address (P.O. Box Number is Not Acceptable):
7690 W. FERN PLACE
City: **HOMOSASSA** FL Zip Code: **34446**

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: **LIN MEI Q** **LIN, MEI Q** DATE: **9-24-2003**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LI, JIANMIN		NAME	LIN, MEI Q	
STREET ADDRESS	16808 LANDINGS POINTE LN #308		STREET ADDRESS	7690 W. FERN PLACE	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	HOMOSASSA, FL 34446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: **LIN MEI Q** **LIN, MEI Q** **PRESIDENT** DATE: **9/24/03** DAYTIME PHONE #: **352-628-6366**



CHECK HERE IF MAKING CHANGES

CFR2003K (10/02)

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