

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-04-2000 90046 033 ***150.00

DOCUMENT # K79213

1. Entity Name

GOLD N THINGS, INC.

Principal Place of Business

Mailing Address

D/B/A DAKOTA JEWELERS
 4321 TAMiami TRAIL NORTH
 NAPLES FL 34103
 US

D/B/A DAKOTA JEWELERS
 4321 TAMiami TRAIL NORTH
 NAPLES FL 34103-3106
 US

2. Principal Place of Business

D/B/A/ DAKOTA Jewelers

4321 N. TAMiami TR.

City & State
NAPLES FL.

Zip
34103

Country
U.S.

3. Mailing Address

D/B/A DAKOTA Jewelers

4321 N. TAMiami TR.

City & State
NAPLES FL.

Zip
34103

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0126489**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEHMAN, CHARLES C
5455 JAEGER ROAD
STE. B
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Anthony J Phelps* **Anthony J Phelps VTSD**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-31-00
 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 **PD** ☐ Delete
 NAME **PHELPS, FRANCIS D**
 STREET ADDRESS **184 SAND DRIVE**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VTSD** ☐ Delete
 NAME **PHELPS, ANTHONY**
 STREET ADDRESS **2011 RIVER REACH DRIVE, APT. #264**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **OMER Schwarz**
 STREET ADDRESS **3439 Boca Ciega Dr.**
 CITY-ST-ZIP **Naples fl. 34112**

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

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: *Anthony J Phelps* **Anthony J Phelps VTSD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00
 Date

941-436 6692
 Daytime Phone #