

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90097 019 ***550.00

DOCUMENT # L05724

1. Entity Name
GOLDEN STAR ENTERPRISES, INC.



Principal Place of Business
2115 WEST NINE MILE ROAD
PENSACOLA FL 32534
US

Mailing Address
4045 KINGARTHUR DR
PENSACOLA FL 32514
US

2. Principal Place of Business

4045 King Arthur Dr

Suite, Apt. #, etc.

Pensacola FL

City & State

32514

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2965111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **CHAO, NELSON P. C.**
STREET ADDRESS **4230 OBREGON DR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **WANG, JEON S.**
STREET ADDRESS **4045 KING ARTHUR DR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **LIN, CHING K.**
STREET ADDRESS **3898 PARADISE DR.**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **D** ☐ Delete
NAME **TSAO, JOHN**
STREET ADDRESS **307 MIMOSA STREET**
CITY-ST-ZIP **LAKE JACKSON TX**

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

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

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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 REQUIRED Jeon S. Wang 8/21/2003 850-476-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)