

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43066

1. Entity Name

GOLDEN SECURITY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90109 025 ***150.00

Principal Place of Business	Mailing Address
2982 CASTLE WOODS LANE CLEARWATER FL 33759 US	2982 CASTLE WOODS LANE CLEARWATER FL 33759-1810 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2990669	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVER, ROBERT 2982 CASTLE WOODS LANE CLEARWATER FL 33759	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	OLIVER, ROBERT	NAME	
STREET ADDRESS	2982 CASTLE WOODS LANE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	OLIVER, CHARLOTTE	NAME	
STREET ADDRESS	2982 CASTLE WOODS LANE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other line empowered.

SIGNATURE: SIGNATURE 2/17/2000 727 7249777