

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90219 038 ***150.00

DOCUMENT # M58536

1. Entity Name
GOLDEN EAGLE ENTERPRISES, INC.

Principal Place of Business

C/O JOHN W. BEACH
 1112 NE 10 AVE
 FT. LAUDERDALE FL 33304

Mailing Address

C/O JOHN W. BEACH
 1112 NE 10 AVE
 FT. LAUDERDALE FL 33304

2. Principal Place of Business

C/O John W. Beach
 Suite, Apt. #, etc.
 3040 N.E. 39th Street

3. Mailing Address

C/O John W. Beach
 Suite, Apt. #, etc.
 3040 N.E. 39th Street

City & State
 Fort Lauderdale FL

City & State
 Fort Lauderdale FL

Zip
 33308

Country
 USA

Zip
 33308

Country
 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEACH, JOHN W.
 1112 NE 10 AVE
 FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: John W. Beach
 Street Address (P.O. Box Number is Not Acceptable)
 3040 N.E. 39th Street
 City: Fort Lauderdale FL Zip Code: 33308

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: John W. Beach 4/27/02
 (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEACH, JOHN W.	
STREET ADDRESS	1112 NE 10 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Beach	
STREET ADDRESS	3040 N.E. 39th Street	
CITY-ST-ZIP	Fort Lauderdale FL, 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: John W. Beach 4/27/02 954 5668000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)