

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 17, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90143 029 \*\*\*\*61.25

**DOCUMENT # N00357**

1. Entity Name

**GOLD COAST PUPPET GUILD, INC.**

Principal Place of Business

Mailing Address

P O BOX 19124  
 WEST PALM BEACH FL 33416

P O BOX 19124  
 WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0519629**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIMMIS, JO JANEEN**  
**5834 FOREST HILL BLVD**  
**WEST PALM BEACH FL 33415**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DOW, MARISOL</b> <b>150 NW 108 TERR</b> <b>PEMBROKE PINES FL 33026</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JANEEN, TIMMIS</b> <b>5834 FOREST HILL BLVD</b> <b>WEST PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PD</b> <b>GOBOFF, DAVE</b> <b>1128 HIDDEN VALLEY WAY</b> <b>WESTON FL 33327</b></del>	<del><input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VPD</b> <b>NATHANSON, BOB</b> <b>4833 CALAMONDIN CIR</b> <b>COCONUT CREEK FL 33063</b></del>	<del><input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>S</b> <b>RICHTER, DOROTHY</b> <b>1300 SW 31ST ST</b> <b>FORT LAUDERDALE FL 33315</b></del>	<del><input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. D</b> <b>PEG DOUGLAS</b> <b>1714 15TH AVE. N</b> <b>LAKE WORTH, FL 33460</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP D</b> <b>TERRY TILTON</b> <b>620 AVENIDA ALEGRE</b> <b>West Palm Beach, FL 33405-2240</b></del>	<del><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP D</b> <b>WM. TIMMIS</b> <b>5834 Forest Hill Blvd</b> <b>West Palm Beach, FL 33415-5511</b></del>	<del><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>S</b> <b>AMY TILTON</b> <b>620 AVENIDA ALEGRE</b> <b>West Palm Beach FL 33405-2240</b></del>	<del><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

*JO JANEEN TIMMIS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/02* (561) 967-3231  
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)