

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 044 ****61.25

DOCUMENT # N99000003903

1. Entity Name

GOLDEN TIMES ASSISTANCE SERVICES, INC.



Principal Place of Business

**9378 ARLINGTON EXPWY 305
JACKSONVILLE FL 32225**

Mailing Address

**9378 ARLINGTON EXPWY 305
JACKSONVILLE FL 32225**

2. Principal Place of Business

9378 Arlington Expwy.

3. Mailing Address

9378 Arlington Expwy.

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32225

Country

Duval

Zip

32225

Country

Duval

4. FEI Number **59-3587301**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FRIES, GUNTHER
1921 LEON RD
JACKSONVILLE FL 32246**

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 Gunther Fries

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COLEMAN, WILLIAM**
STREET ADDRESS **5255 TULANE AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
NAME **WALLACE, ANNABELL**
STREET ADDRESS **221 SEMINOLE ROAD**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ Delete
NAME **FRIES, GUNTHER**
STREET ADDRESS **1327 TUTTER STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Delete
NAME **SMITH, RITA M**
STREET ADDRESS **1745 WELLS ROAD**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ Delete
NAME **EICHNER, DANIEL**
STREET ADDRESS **1919 OAK GROVE CIRCLE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **PT** ☐ Delete
NAME **FRIES, GUNTHER**
STREET ADDRESS **1921 LEON RD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **William Coleman**
STREET ADDRESS **1921 Leon Road**
CITY-ST-ZIP **Jacksonville, FL 32246** ☐ Change ☐ Addition

TITLE **P/T** ☐ Change ☐ Addition
NAME **Gunther Fries**
STREET ADDRESS **1921 Leon Road**
CITY-ST-ZIP **Jacksonville, FL 32246** ☐ Change ☐ Addition

TITLE **P/T** ☐ Change ☐ Addition
NAME **Gunther Fries**
STREET ADDRESS **1921 Leon Road**
CITY-ST-ZIP **Jacksonville, FL 32246** ☐ Change ☐ Addition

TITLE **P/T** ☐ Change ☐ Addition
NAME **Gunther Fries**
STREET ADDRESS **1921 Leon Road**
CITY-ST-ZIP **Jacksonville, FL 32246** ☐ Change ☐ Addition

TITLE **P/T** ☐ Change ☐ Addition
NAME **Gunther Fries**
STREET ADDRESS **1921 Leon Road**
CITY-ST-ZIP **Jacksonville, FL 32246** ☐ Change ☐ Addition

TITLE **P/T** ☐ Change ☐ Addition
NAME **Gunther Fries**
STREET ADDRESS **1921 Leon Road**
CITY-ST-ZIP **Jacksonville, FL 32246** ☐ Change ☐ 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: Gunther Fries

4-28-2003

904-723-3778

CR2E037 (10/02)