

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

DOCUMENT # **N99000003903**

1. Entity Name

**GOLDEN TIMES ASSISTANCE SERVICES, INC.**



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

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

Principal Place of Business <b>9378 ARLINGTON EXPWY 305 JACKSONVILLE FL 32225</b>	Mailing Address <b>9378 ARLINGTON EXPWY 305 JACKSONVILLE FL 32225</b>
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2. Principal Place of Business <b>9378 Arlington Expwy.</b>	3. Mailing Address <b>9378 Arlington Expwy.</b>		
Suite, Apt. #, etc. <b># 305</b>	Suite, Apt. #, etc. <b># 305</b>		
City & State <b>Jacksonville, Florida</b>	City & State <b>Jacksonville, Florida</b>		
Zip <b>32225</b>	Country <b>Duval</b>	Zip <b>32225</b>	Country <b>Duval</b>

6. Name and Address of Current Registered Agent  <b>FRIES, GUNTHER 1921 LEON RD JACKSONVILLE FL 32246</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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**

*Gunther Fries*

*4-28-2003*

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p>TITLE <b>D</b> NAME <b>COLEMAN, WILLIAM</b> STREET ADDRESS <b>5255 TULANE AVE</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32207</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE <b>D</b> NAME <b>William Coleman</b> STREET ADDRESS <b>1921 Leon Road</b> CITY-ST-ZIP <b>Jacksonville, Fl. 32246</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>WALLACE, ANNABELL</b> STREET ADDRESS <b>221 SEMINOLE ROAD</b> CITY-ST-ZIP <b>ATLANTIC BEACH FL 32233</b></p> <p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE <b>D</b> NAME <b>Gunther Fries</b> STREET ADDRESS <b>1921 Leon Road</b> CITY-ST-ZIP <b>Jacksonville, Fl. 32246</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>FRIES, GUNTHER</b> STREET ADDRESS <b>1327 TUTTER STREET</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32211</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE <b>P/T</b> NAME <b>Gunther Fries</b> STREET ADDRESS <b>1921 Leon Road</b> CITY-ST-ZIP <b>Jacksonville, Fl. 32246</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>SMITH, RITA M</b> STREET ADDRESS <b>1745 WELLS ROAD</b> CITY-ST-ZIP <b>ORANGE PARK FL 32073</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE <b>D</b> NAME <b>Smith, Rita M</b> STREET ADDRESS <b>1745 Wells Road</b> CITY-ST-ZIP <b>Orange Park FL 32073</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>EICHNER, DANIEL</b> STREET ADDRESS <b>1919 OAK GROVE CIRCLE</b> CITY-ST-ZIP <b>JACKSONVILLE BEACH FL 32250</b></p> <p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE <b>D</b> NAME <b>Eichner, Daniel</b> STREET ADDRESS <b>1919 Oak Grove Circle</b> CITY-ST-ZIP <b>Jacksonville Beach FL 32250</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>PT</b> NAME <b>FRIES, GUNTHER</b> STREET ADDRESS <b>1921 LEON RD</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32246</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE <b>PT</b> NAME <b>Fries, Gunther</b> STREET ADDRESS <b>1921 Leon Rd</b> CITY-ST-ZIP <b>Jacksonville FL 32246</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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** SIGNATURE: *Gunther Fries* 4-28-2003 904-723-3778