

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90156 001 ***150.00

DOCUMENT # P00000013334

1. Entity Name
CLIFFORD S. GOLDEN, ED.D., P.A.



Principal Place of Business
**9950 STIRLING ROAD
SUITE 107
COOPER CITY FL 33024**

Mailing Address
**9950 STIRLING ROAD
SUITE 107
COOPER CITY FL 33024**

2. Principal Place of Business

9950 Stirling Road
Suite, Apt. #, etc.

3. Mailing Address

9950 Stirling Road
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0979134**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **-\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOLDEN, CLIFFORD S EDD
9950 STIRLING ROAD, SUITE 107
COOPER CITY FL 33024**

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 agent 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 obligation of the registered agent.

Signature of Registered Agent
Clifford S. Golden, Ed.D., P.A.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GOLDEN, CLIFFORD S ED.D
9950 STERLING ROAD SUITE 107
COOPER CITY FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 607, 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: *Signature of Registered Agent*
Clifford S. Golden, Ed.D., P.A.
Signature and typed or printed name of signing officer or director. **03/22/03** **954/436-8326**
Date Daytime Phone

CR2E034 (10/02)