

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90251 049 ***158.75

DOCUMENT # P00000015992

1. Entity Name
SOLID GOLD ENTERPRISES, INC.

Principal Place of Business

**640 PAT THOMAS PKWY
 QUINCY, FL 32351**

Mailing Address

**PO BOX 551
 QUINCY FL 32351**

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

**59-3641361
 APPLIED FOR**

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

**DAVIS, MARVA A
 121 S. MADISON ST.
 QUINCY FL 32351**

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

**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
 Trust Fund Contribution.**

☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST
NAME DAVIS, MARVA A
STREET ADDRESS 121 S. MADISON ST.
CITY-ST-ZIP QUINCY FL 32353

☐ Delete

TITLE PD
NAME Roberts, Joseph E.
STREET ADDRESS N. 11th St
CITY-ST-ZIP Quincy, FL 32351

☒ Change ☐ Addition

TITLE VP
NAME ROBERTS, JOSEPH E
STREET ADDRESS 728 E SOUTH ST.
CITY-ST-ZIP QUINCY FL 32353

☐ Delete

TITLE UPST
NAME DAVIS, MARVA A
STREET ADDRESS 121 S. Madison St
CITY-ST-ZIP Quincy, FL 32351

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

850-875-9340

Date

Daytime Phone #

CR2E034 (9/01)