

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000049894**

1. Entity Name

GOLDEN OAK HOMES, INC.

Principal Place of Business

**2901 58TH AVENUE N., SUITE 1
ST. PETERSBURG FL 33714**

Mailing Address

**2901 58TH AVENUE N., SUITE 1
ST. PETERSBURG FL 33714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CORSI, RICHARD
2901 58TH AVENUE N., SUITE 1
ST. PETERSBURG FL 33714**

4. FEI Number

59-3652284

Applied For

Not Applicable

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

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.

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CORSI, RICHARD	
STREET ADDRESS	2791 58TH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, WILLIAM J	
STREET ADDRESS	515 APPIAN WAY NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Donovan	
STREET ADDRESS	9812 30 AV. N.	
CITY-ST-ZIP	St. Petersburg FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90101 020 ***150.00

00011004



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)