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2001 UNIFORM BUSINESS REPORT (UBR)

Sep 05, 2001 8:00 am Secretary of State **DOCUMENT #** P00000085348 1. Entity Name MEMPHIS GOLD, INC. 09-05-2001 90006 030 ***550.00 Principal Place of Business Mailing Address 1143 MAIN STREET 1143 MAIN STREET DUNEDIN FL 34698 DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 3670442 City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition THERIAULT, GERALD M SR. 1143 MAIN STREET NAME STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME THERIAULT, DEBBIE NAME 1143 MAIN STREET STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** CITY-ST-7IP CITY-ST-ZIP TITLE Delete 1143 MAIN STREET TITLE. THERIAULT, GERALD M 7 R. NAME NAME STREET ADDRESS 1143 MAIN STREET STREET ADDRESS Dunedin Fl. 34698 **DUNEDIN FL 34698** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THERIAULT, JOSEPH & 5. 1143 MAIN STREET DUNEDIN FL 34698 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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