

FILED

Jul 01, 2003 8:00 am
Secretary of State

05-05-2003 91160 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000100011

1. Entity Name
GOLDIE LOKS, INC.Principal Place of Business
15512 N MAIN STREET
ALACHUA FL 32616Mailing Address
PO BOX 423
ALACHUA FL 32615

55050340

2. Principal Place of Business

Director's
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box
Suite, Apt. #, etc.☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-3677786

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COVINGTON, SABRINA D
380 SOUTH SR 434 STE 104
ALTAMONTE SPRINGS FL 32714Damon Goldwire
15512 N Main St.
ALACHUA FL 32616-0423I
R
S

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	President	☐ Delete
NAME	GOLDWIRE, DAMON	
STREET ADDRESS	PO BOX 423	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	CEO	☐ Delete
NAME	GOLDWIRE, DAMON	
STREET ADDRESS	PO BOX 423	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	Director / CEO	☐ Delete
NAME	Eddie L. Bennett	
STREET ADDRESS	P.O. Box 2244	
CITY-ST-ZIP	Bellview Fl 34421	
TITLE	Vice President	☐ Delete
NAME	Eddie L. Bennett	
STREET ADDRESS	P.O. Box 2244	
CITY-ST-ZIP	Bellview Fl 34421	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 and typed or printed name of signing officer or director

4-29-03

462-9292

CFR2034 (10/02)