2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000063641

1. Entity Name

MINING GOLD CORPORATION

979673

Principal Place of Business	Mailing Address
4826 CHEVAL BLVD.	4826 CHEVAL BLVD.
LUTZ FL 33549	LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4826 CHEVAL BLVD.
Suite, Apt. #, etc.

3. Mailing Address
4826 CHEVAL BLVD.
Suite, Apt. #, etc.

City & State
LUTZ, FL
Zip 33558   Country USA

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LUTZ, FL
Zip 33558   Country USA

4. FEI Number
59-3729420
Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SEMANCIK, ALLISON L
4826 CHEVAL BLVD.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name PATRICIA D. CASEY
Street Address (P.O. Box Number is Not Acceptable)
4826 CHEVAL BLVD.

City LUTZ   FL   Zip Code 33558

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 _Patricia D. Casey_

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 $550.00
After September 13, 2002 Fee will be $750.00
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 **PSTD** NAME **SEMANCIK, ALLISON L** STREET ADDRESS **4826 CHEVAL BLVD.** CITY-ST-ZIP **LUTZ FL 33549**	☒ Delete	TITLE **PTSD** NAME **PATRICIA D. CASEY** STREET ADDRESS **4826 CHEVAL BLVD** CITY-ST-ZIP **LUTZ, FL 33558**	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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: _Patricia D. Casey_   SIGNATURE REQUIRED   9/6/2002   813.909.2560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #