

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90136 010 ***150.00

DOCUMENT # P01000066652

1. Entity Name
GOLDEN LIGHT TECHNOLOGIES, INC.



Principal Place of Business
**3350 W HILLSBOROUGH AVE. UNIT 924
TAMPA FL 33614**

Mailing Address
**3350 W HILLSBOROUGH AVE. UNIT 924
TAMPA FL 33614**



2. Principal Place of Business
10704 KNOLLSWAY COURT
Suite, Apt. #, etc.

3. Mailing Address
10704 Knollsway Court
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FLORIDA
Zip
33625
Country
HILLSBOROUGH

City & State
Tampa, FLORIDA
Zip
33625
Country
Hillsborough

4. FEI Number
59-3731289

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIM, ALEXANDER H
3350 W HILLSBOROUGH AVE, UNIT 924
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name
KIM, ALEXANDER H
Street Address (P.O. Box Number is Not Acceptable)
10704 KNOLLSWAY COURT
City
TAMPA FL Zip Code
33625

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 **2-22-03**
(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KIM, ALEXANDER H 3350 W HILLSBOROUGH AVE, UNIT 924 TAMPA FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KIM, ALEXANDER H. 10704 KNOLLSWAY COURT TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **2-22-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-03 **813-968-4087**
Date Daytime Phone #

CR2E034 (10/02)