

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 030 ***150.00

DOCUMENT # P010000090325 ✓
1. Entity Name
Golden Considerations Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18930 St. Laurent Dr.
Suite, Apt. #, etc.

3. Mailing Address
18930 St. Laurent Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number
59-3749277

Applied For
Not Applicable

Zip
33549-2807

Country

Zip
33549-2807

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dickens, Mark S
Street Address (P.O. Box Number is Not Acceptable)
9340 N. 56th Street, Suite 200-A

City Tampa FL Zip Code 33617

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Bruder, Thomas B
18930 St. Laurent Dr.
Lutz, FL 33549-2807

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B Bruder Thomas B. BRUDER 4/26/02 813-948-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)