

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90096 023 ***150.00

DOCUMENT # P01000107040

1. Entity Name
GOLDEN PETAL, INC.



Principal Place of Business
**5665 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884**

Mailing Address
**5665 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884**

10053370



2. Principal Place of Business

3046 Cypress Gardens Rd
Suite, Apt. #, etc.

3. Mailing Address

3046 Cypress Gardens Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Winter Haven FL

City & State

Winter Haven FL

4. FEI Number **59-3753089**

Applied For
Not Applicable

Zip
33884

Country

PolK

Zip
33884

Country

PolK

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

6. Name and Address of Current Registered Agent

**BRASWELL, DAVID L
5665 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3046 Cypress Gardens Rd
City **Winter Haven** FL Zip Code **33884**

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 title 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 **D** ☐ Delete
NAME **BRASWELL, SHELLEY K**
STREET ADDRESS **5665 CYPRESS GARDENS BLVD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete
NAME **BRASWELL, DAVID L**
STREET ADDRESS **5665 CYPRESS GARDENS BLVD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **3046 Cypress Gardens Rd**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3046 Cypress Gardens Rd**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03
Date

863-326-9805
Daytime Phone #

CR2E034 (10/02)