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

Apr 21, 2003 8:00 am Secretary of State P01000111648 DOCUMENT # 04-21-2003 90343 028 ***150.00 1. Entity Name J GOLDEN, INC. Principal Place of Business Mailing Address 1313 PINE CT 1313 PINE CT CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1152723 Not Applicable Zip Country Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDEN, JANE E Street Address (P.O. Box Number is Not Acceptable) 1313 PINE CT CHARLOTTE HARBOR FL 33980 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition CR2E034 (10/02 TITLE ☐ Delete TITLE Change GOLDEN, JANE E NAME NAME STREET ADDRESS 1313 PINE CT STREET ADDRESS CHARLOTTE HARBOR FL 33980 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

4-16-03 Date

Daytime Phone #

☐ Addition