

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90085 039 ***150.00

DOCUMENT # *P02000000611*

1. Entity Name

LOW'S GOLDEN QUEST, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3444 CR 220

3. Mailing Address

P.O. Box 65516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIDDLEBURG, FL

City & State

ORANGE PARK, FL

4. FEI Number

04-3599041

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32065

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent ✓

Name

IRVIN L. OLDEN

Street Address (P.O. Box Number is Not Acceptable)

3444 CR 220

City

MIDDLEBURG

FL

Zip Code

32068

**DO NOT WRITE
IN THIS SPACE**

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

Irvin L. Olden *IRVIN L. OLDEN, Pres, Reg Agt, 4/29/02*

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
*IRVIN L. OLDEN, PRESIDENT/
AND SOLE DIRECTOR SEC/TRUS.
3444 CR 220
MIDDLEBURG, FL 32068*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
NO OTHERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Irvin L. Olden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02 (904) 377-2127

Daytime Phone #

CR2E034B (12/01)