2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000002481

FILED Jun 09, 2003 8:00 am Secretary of State 05-09-2003 90138 020 ***150.00

| 1. Entity Nar GOLDEN | e & PATTERSON, INC. | G | | | |
|--|--|--|---|--|-------------------------------|
| Principal Place of Business Mailing Address 9746 POPLARWOOD COURT 9746 POPLARW ORLANDO FL 32825 ORLANDO FL 3 | | | JRT | 44003677 | |
| | Place of Business Penhawood C+ | 3. Mailing Address 9744 Poplanu Suite. Apt. #. etc. | used Ct | - hu | |
| Oute, Apr | . #, dio. | 5000, Apr. W. 415. | | CHECK HERE IF MAKING C | HANGES |
| Orland | | Orlando, FL | | 4. FEI Number 01-0568173 | Applied For Not Applicable |
| Zip 3282 | | Zip 32825 | Country US | E Contificate of Status Desired St | 8.75 Additional |
| | 6. Name and Address of Current | | | 7. Name and Address of New Registered Ag | |
| ⇒ COLDEN | -ecm | | Name | | |
| GOLDEN, SCOTT Street Address 9746 POPLARWOOD COURT | | | | (P.O. Box Number is Not Acceptable) | |
| ORLANDO FL 32825 | | | | | |
| | • | | City | FL | Zip Code |
| | | the purpose of changing its | registered office or registe | ered agent, or both, in the State of Florida. I am fam | niliar with, and accept |
| the obligations of registered agent. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent s | and title It applicable. (NOT | E: Registered Agent signature require | ad when reinstating) DATE | |
| | ILE NOW!!! FEE IS \$150.00 7 May 1, 2003 Fee will be \$550.00 | | · | Election Campaign Financing | \$5.00 May Be |
| | k Payable to Florida Department of | State | | Trust Fund Contribution. | Added to Fees |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFICERS AND D | |
| NAME STREET ADDRESS | 1 | ☐ Delete | NAME STREET ADDRESS | L | Change |
| TITLE . | Via President | Delete | CITY-ST-ZIP | | Change Addition |
| NAME STREET ADDRESS | 7000 PATTERSON 9746 Portanwood C+ | الما الما الما الما الما الما الما الما | NAME Street Address | ٠ - |) cumile |
| TITLE | orlando: FL 32125 | ☐ Delete | CITY-ST-ZIP TITLE | | Change |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | <u> </u> | |
| CITY-ST-ZIP | | and property is | CITY-ST-ZIP | | ĺ |
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| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| of the cor | OR This report of supplemental report is: | true and accurate and that n wered to execute this report | ny signaturé shall have tha as required by Chapter 607 | ection 119.07(3)(i), Florida Statutes. I further certify i same legal effect as if made under oath; that I am a 7, Florida Statutes; and that my name appears in Blo | na alliane ar diesatar |