

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000016727** (L)

1. Entity Name
Golden Chiropractic II, Inc



DO NOT WRITE IN THIS SPACE

90148715

2. Principal Place of Business

4880 10th Ave N

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Green Acres, FL 33463

City & State

4. FEI Number

01-0602388

Applied For

Not Applicable

Zip

Zip

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 **Steve Golden**

Street Address (P.O. Box Number is Not Acceptable)
4880 10th Ave N

City **Green Acres**

FL

Zip Code
33463

8. The agent named only supplies 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-STATE-ZIP

**PD
Steve Golden
4880 10th Ave N
Green Acres, FL 33463**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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IN THIS SPACE**

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 on a consolidated 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 partnership or limited liability company; and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address like employed.

SIGNATURE

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/03

Date

Signature Page 2

CR2E034B (12/02)

Attachment

90148715

GOLDEN CHIROPRACTIC II, INC # *PO 200001627*

4880 10TH AVENUE NORTH
GREEN ACRES, FL 33463

July 29, 2003

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

Please forgive this late filing of our annual report form. We just incorporated last year and never got our report form. When we found out about it, we called you and were told about the website to download this form which we have enclosed, along with our check for the \$150 annual fee. Will send it long before the due date in the future. Please note our above address. above for future reference.

Thank you

A handwritten signature in black ink, appearing to read 'Steve Golden', with a large, loopy flourish at the end.

Steve Golden