04/11/2003 FRI 16:50 FAX 5614162855 HLDPA FAX

FILED
May 15, 2003 8:00 am
Secretary of State
05-15-2003 90112 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90135010

DOCUMENT # P02000020666

1. Entity Name
WESTERN GOLD RESOURCES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 E. Camino Real	2 E. Camino Real
Suite 202	Suite 202
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / [X] Not Applicable

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: Brenda Lee Hamilton
Street Address (P.O. Box Number is Not Acceptable): 2 E. Camino Real
Suite 202
City: Boca Raton FL Zip Code: 33432

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 ______________________________
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	P
NAME	Harold R. Shipes
STREET ADDRESS	2 E. Camino Real, Ste. 202
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: H. R. Shipes Harold R. Shipes, President 520-889-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #