

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

Amended

DOCUMENT # *P0200010247*

1. Entity Name

GOLDEN Plumbing



FILED

03 MAY 16 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

251 Loon Lane

Suite, Apt. #, etc.

3. Mailing Address

251 Loon Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

01-0745377

Applied For

Not Applicable

Zip

34114

Country

USA

Zip

34114

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *TIMOTHY BURKETT*

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

251 Loon Lane

City *NAPLES*

FL

Zip Code *34114*

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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-ST-ZIP
MICHAEL ZOOK (VICE PRESIDENT) 147 BRISTOL LN NAPLES, FL 34112

*"Add" **

TITLE NAME STREET ADDRESS CITY-ST-ZIP
*600020777526 06/11/03--01046--006 **61.25*

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TIMOTHY BURKETT (PRESIDENT) 251 Loon Lane NAPLES, FL 34114

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TITLE NAME STREET ADDRESS CITY-ST-ZIP
RAMONA BURKETT (SECRETARY) 251 Loon Lane NAPLES, FL 34114

DO NOT WRITE IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ** Timothy F Burkett*

Date *5-4-03* Daytime Phone # *239-775-7337*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)