

**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*

3. Mailing Address

*251 Loon Lane*

Suite, Apt. #, etc.

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 LNO 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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
*Ramona Burkett (SECRETARY) 251 Loon Lane NAPLES, FL. 34114*

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-4-03*

Date

*239-775-7337*

Daytime Phone #

CR2E034B (12/02)