2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400005268 1. Entity Name GOLDEN OAKS, INC.						FILED				
Principal Place 950 N ORLANI SUITE 920-> WINTER PARK US	DO AVE	Mailing Address P.O. BOX 4961 ORLANDO FL 32902-4961				O2 APR 17 AM IO: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Pl. Suite, Apt. 4	*, etc.	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. Fi	59-3221812			olied For Applicable	
Zip	Country	Zip	Country		5. C	ertificate of Status Desired		3.75 Addi e Required		
	6. Name and Address of Current Re	gistered Agent	Agent Name			7. Name and Address of New Registered Agent				
PAG CORPORATE OFFICE OF OFAITPAL ELOPIDA				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 110 ORLANDO		С		City		<u></u>	FL	Zip Code	1	
8. The above	named entity submits this statement for the	ne purpose of changing its re	egistered	office or reg	jistered age	nt, or both, in the State of Flor	ida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Continue Con					00	nstating) 10. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
11.	OFFICERS AND DI		12.			DITIONS/CHANGES TO OFFIC			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, CHARLES B 950 N ORLANDO AVE #320 WINTER PARK FL 32789	☐ Delete	NAME STREET CITY-S	ADDRESS 95	LMER TO N. C	CHARLES B. RLANDO AVE, SL PARK, FL. 32	ITE 120			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBINCHUCK, ROBERT M. 701 BRAZOS STREET, SUITE 900 AUSTIN TX 78701	☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP		6000053	3482	, 206-	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KENT, MARK 701 BRAZOS STREET, SUITE 900 AUSTIN TX 78701	☐ Delete	TITLE NAME STREET CITY-S				02U10 8.75 *			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 9	50 N	ENT IE, PRESTON I ORLANDO AVÉ 2 PARK, FL.	์. เรยา] Change E 1 Z.o	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S					Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is troporation or the receiver by trusted empower or on an attachment with an address, with	rue and accurate and that my rered to execute this report a th all other like empowered.	y signatu s require	re shall have d by Chapte	the same in the form	egal effect as it made under of the Statutes; and that my name	further certify ath; that I am appears in E	that the in an officer Block 11 or	or director Block 12 if	
SIGNATURE: PRESTON T. PERRONE; PRESTDENT 11/02 407-628-4544										