

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90390 017 ***158.75

DOCUMENT # P94000005268

1. Entity Name
GOLDEN OAKS, INC.



Principal Place of Business
**950 N ORLANDO AVE
SUITE 120
WINTER PARK FL 32789
US**

Mailing Address
**P.O. BOX 4961
ORLANDO FL 32802-4961**

2. Principal Place of Business
**310 WAYMONT CT
SUITE 104**

3. Mailing Address
Suite, Apt. #, etc.

City & State
LAKE MARY FL
Zip
32746
Country
USA

City & State

4. FEI Number
59-3221812

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
950 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	PALMER, CHARLES B	
STREET ADDRESS	950 N ORLANDO AVE #120	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOBINCHUCK, ROBERT M.	
STREET ADDRESS	701 BRAZOS STREET, SUITE 900	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	KENT, MARK	
STREET ADDRESS	701 BRAZOS STREET, SUITE 900	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	P	<input type="checkbox"/> Delete
NAME	PERRONE, PRESTON I	
STREET ADDRESS	950 N. ORLANDO AVE., STE 120	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	310 WAYMONT CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 104	
STREET ADDRESS	LAKE MARY FL 32746	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	310 WAYMONT CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 104	
STREET ADDRESS	LAKE MARY FL 32746	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **P. Perrone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/26/03** Daytime Phone # **407 628-4544**

CR2E034 (10/02)