

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069439

1. Entity Name  
MARSGOLD, INC.

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90595 016 \*\*\*150.00

Principal Place of Business  
220 PONTE VERDE PARK DR  
STE 160  
PONTE VEDRA BCH FL 32082  
US

Mailing Address  
220 PONTE VERDE PARK DR  
STE 160  
PONTE VEDRA BCH FL 32082  
US

C0021036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
107 PLANTERS ROW W.  
Suite, Apt. #, etc.

3. Mailing Address  
107 PLANTERS ROW W.  
Suite, Apt. #, etc.

City & State  
PONTE VEDRA BEACH FL

City & State  
PONTE VEDRA BEACH, FL

Zip  
32082

Country

Zip  
32082

Country

4. FEI Number 59-3276694

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
JOHNSTON, BARBARA C  
ONE INDEPENDENT DR  
SUITE 3000  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent  
Name  
MARVIN H. GOLDBERG  
Street Address (P.O. Box Number is Not Acceptable)  
107 PLANTERS ROW WEST  
City  
PONTE VEDRA BEACH FL  
Zip Code  
32082

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 Marvin H. Goldberg 2/12/01  
Signature, typed or printed name of registered agent 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)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDBERG, MARVIN H.		NAME		
STREET ADDRESS	107 PLANTERS ROW WEST		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDBERG, SARA G.		NAME		
STREET ADDRESS	107 PLANTERS ROW WEST		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marvin H. Goldberg MARVIN H. GOLDBERG 904-280-1392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)