

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90208 019 \*\*\*150.00

**DOCUMENT # P94000069439**

1. Entity Name  
**MARSGOLD, INC.**

Principal Place of Business  
**107 PLANTERS ROW WEST**  
**PONTE VEDRA BCH FL 32082**  
**US**

Mailing Address  
**107 PLANTERS ROW WEST**  
**PONTE VEDRA BCH FL 32082**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**61724 BROKEN TOP DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**61724 BROKEN TOP DR.**  
 Suite, Apt. #, etc.

City & State  
**BEND, OR.**

City & State  
**BEND, OR.**

4. FEI Number **59-3276694**

Applied For  
 Not Applicable

Zip  
**97702**

Country  
**U.S.A.**

Zip  
**97702**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**GOLDBERG, MARVIN H**  
**107 PLANTERS ROW WEST**  
**PONTE VEDRA BEACH FL 32082**

## 7. Name and Address of New Registered Agent

Name **RONALD S. BURNS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**AUGUSTINE ASSET MGT.**  
**3740 BEACH BLVD.**  
 City **JACKSONVILLE** **FL** Zip Code **32207**

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 *Ronald S. Burns*

Signature, typed or printed name of registered agent and title 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOLDBERG, MARVIN H.</b> <b>107 PLANTERS ROW WEST</b> <b>PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>GOLDBERG, SARA G.</b> <b>107 PLANTERS ROW WEST</b> <b>PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOLDBERG, MARVIN H.</b> <b>61724 BROKEN TOP DR</b> <b>BEND, OR. 97702</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>GOLDBERG, SARA G.</b> <b>61724 BROKEN TOP DR.</b> <b>BEND, OR. 97702</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 1/7/02 541-388-9015  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)