## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P95000006904 1. Entity Name GOLD RUSH ENTERPRISES, INC. 04-16-2001 90065 045 \*\*\*158.75 Principal Place of Business Mailing Address 789 N FERDON BLVD 789 N FERDON BLVD SUITE A1A SUITE A1A CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - City & State. -- City & State - \_\_\_\_ ٠. \_--4. FEI Number-Applied For 59-3298696 Not Applicable Zip Country Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, G. KETTH Street Address (P.O. Box Number is Not Acceptable) 789 N FERDON BLVD SUITE A1A CRESTMEW FL 32536 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so... After MAY 1, 2001 Fee will be \$550,00 ... 1 rust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition: CR2E034 (10/00) Delete TITLE LEWIS, G. KEITH NAME NAME STREET ADDRESS 789 NORTH FERDON BLVD SUITE A1A STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP TIME Delete TITLE Change ☐ Addition LEWIS, SHERRIE L. NAME NAME 789 NORTH FERDON BLVD SUITE A1A STREET ADDRESS STREET ADDRESS CITY ST-ZIP CRESTVIEW FLE32536 CITY-ST-ZIP" TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Oelete TITLE □ Addition ☐ Change NAME NASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change [7] Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Addition Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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(3Xi). 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 it 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 indicated on this report or supplemental report is true and accurate and that most the corporation or the receiver or trustee empowered to execute this report changed, or on an attachmining with an address, with all other fike empowered. Secretary / Trecover (850) 682-3637 SIGNATURE: \_ Sherric 3-15-01