

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082535

1. Entity Name

JO-ANN GOLDEN CORPORATION

Principal Place of Business

502 N PALM WAY
LAKE WORTH FL 33460

Mailing Address

502 N PALM WAY
LAKE WORTH FL 33460

2. Principal Place of Business

3599 23rd Ave South

3. Mailing Address

Suite, Apt. #, etc.

#5

City & State

LAKE WORTH, FL.

City & State

Zip

Country

33461

Country

USA

4. FEI Number

65-0624643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, JO-ANN
502 NORTH PALMWAY
LAKE WORTH FL 33460

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.

SIGNATURE

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOLDEN, JO-ANN
502 NORTH PALM WAY
LAKE WORTH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
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☐ Change ☐ 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:

Jo-Ann Golden

JO-ANN GOLDEN

4/06/01

561 586-5157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90137 011 ***150.00

C0045491



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)