

DOCUMENT # P96000060224

1. Entity Name

B. GOLDEN CARE, INC.

Principal Place of Business

Mailing Address

1612 WASHINGTON STREET
410 SE 3RD ST
HAVANA FL 32333

1612 WASHINGTON STREET
P.O. BOX 433
HAVANA FL 32333

2. Principal Place of Business

410 S.E. 3RD ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 433

Suite, Apt. #, etc.

City & State

Havana, Florida

Zip

82333

Country

U.S.

City & State

Havana, Florida

Zip

32333

Country

U.S.

6. Name and Address of Current Registered Agent

GOLDEN, BEN JR

1612 WASHINGTON STREET 410 S.E. 3RD ST
HAVANA FL 32333

REINSTATEMENT

4. FEI Number 59-3397705

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/30/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 D
NAME GOLDEN, BEN JR
STREET ADDRESS 1612 WASHINGTON STREET 410 S.E. 3RD
CITY-ST-ZIP HAVANA FL 32333 ST REET

☐ Delete

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003514678--8
-12/27/00--01071--021
***750.00 ***750.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/00

Date

850-539-5852

Daytime Phone #

CR2E034 (5/00)