

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 018 ***158.75

DOCUMENT # P96000060224

1. Entity Name

B. GOLDEN CARE, INC



DO NOT WRITE IN THIS SPACE

10095783

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
410 SE 3RD STREET

3. Mailing Address
PO BOX 433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HAVANA, FLORIDA

City & State
HAVANA, FLORIDA

4. FEI Number **59-3397705**

Applied For
Not Applicable

Zip
32333

Country
UNITED STATES

Zip
32333

Country
UNITED STATES

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

7. Name and Address of Current Registered Agent

Name **BEN GOLDEN, JR.**

Street Address (P.O. Box Number is Not Acceptable)

410 SE 3RD ST

City **HAVANA**

FL

Zip Code
32333

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when "changing")

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**BEN GOLDEN, JR OWNER/PRESIDENT
410 SE 3RD STREET
HAVANA, FLORIDA 32333**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SHA'RHONDA L. BROWN PROG. DIRECTOR
PO BOX 180532
TALLAHASSEE, FLORIDA 32318**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other live and powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

850-539-5590

Daytime Phone #

CR2E0348 (12/02)