

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jan 26, 2000 8:00 am  
Secretary of State**

01-26-2000 90204 032 \*\*\*150.00

**DOCUMENT # P96000091936**

1. Entity Name  
**GOLD & SILVER SHOP, INC.**

Principal Place of Business: **135 E. INT'L SPEEDWAY BLVD. SUITE 7 DAYTONA BEACH FL 32118**

Mailing Address: **PO BOX 730923 ORMOND BEACH FL 32173-0923**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1700 W. INT'L SPEEDWAY BLVD.**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **DAYTONA BEACH, FL.**

City & State: Suite, Apt. #, etc.

City & State: **DAYTONA BEACH, FL.**

City & State: Suite, Apt. #, etc.

Zip: **32114** Country: **USA**

Zip: Country:

4. FEI Number: **59-3420132**

Applied For:  Not Applied For:

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

6. Name and Address of Current Registered Agent

**HOFFMAN, CHRISTINE  
135 E. INT'L SPEEDWAY  
SUITE 7  
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name: **TRECHA L. RODGERS**

Street Address (P.O. Box Number is Not Acceptable): **50 HUMMINGBIRD LANE**

City: **ORMOND BEACH FL** Zip Code: **32174**

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: *Trecha L. Rodgers* **TRECHA L. RODGERS** **SECRETARY** 1/18/00

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, 2000 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOFFMAN, CHRISTINE</b>	
STREET ADDRESS	<b>135 E. INT'L SPEEDWAY SUITE 7</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLYDE N. RODGERS</b>	
STREET ADDRESS	<b>50 HUMMINGBIRD LANE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH, FL. 32174</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRECHA L. RODGERS</b>	
STREET ADDRESS	<b>50 HUMMINGBIRD LANE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH, FL. 32174</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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(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: *Clyde N. Rodgers* **CLYDE N. RODGERS** 1/18/00 (904) 677-8991

Signature and typed or printed name of signing officer or director Date Daytime Phone #