

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

03-13-2002 90107 027 ***61.25
P96000091936

DOCUMENT # P96000091936
1. Entity Name
Gold and Silver Shop, Inc.

02 MAR 26 AM 8:40

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 Belz Outlet Blvd. Suite, Apt. #, etc. K-930		3. Mailing Address 500 Belz Outlet Blvd. Suite, Apt. #, etc. K-930	
City & State St. Augustine, Fl		City & State St. Augustine, Fl.	
Zip 32084	Country USA	Zip 32084	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3420132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: Dolores Graydon
Street Address (P.O. Box Number is Not Acceptable)
7801 Colee Cove Road
City: St. Augustine FL Zip Code: 32092

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: Dolores E. Graydon Dolores E. Graydon 2/20/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P T S D Dolores Graydon 7801 Colee Cove Road St. Augustine, Fl 32092	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Felix Joseph Mann 7801 Colee Cove Road St. Augustine, Fl. 32092	TITLE NAME 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dolores E. Graydon 2/20/02 904 825-1115
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)