

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102099

1. Entity Name

THE GOLDEN EGG, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90039 048 ***150.00

Principal Place of Business

Mailing Address

4267 HENDERSON BLVD
TAMPA FL 33629

9527 CARR ROAD
RIVERVIEW FL 33569-5620

LU0000703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4218 HENDERSON BLVD

Suite, Apt. #, etc.

City & State

4. FEI Number 59-3433086

Applied For

Not Applicable

City & State Tampa FL

Zip 33629

County Hills

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENDINO, ROBIN C
9527 CARR ROAD
RIVERVIEW FL 33569

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

Robin C Pendino - ROBIN C PENDINO - PRESIDENT

4-14-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PENDINO, ROBIN C
STREET ADDRESS 9527 CARR ROAD
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robin C Pendino - ROBIN C PENDINO - PRESIDENT

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

813-288-0034

CR2E034 (9/99)