

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90091 015 ***158.75

DOCUMENT # 97000013504

1. Entity Name

GOLDEN OCTOPUS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 WAYNE SUHAR

Suite, Apt. #, etc.

1515 PERIMETER ROAD

City & State

PALM BEACH INT'L AIRPORT, FL

Zip

33406

Country

USA

3. Mailing Address

90 WAYNE SUHAR

Suite, Apt. #, etc.

1515 PERIMETER ROAD

City & State

PALM BEACH INT'L AIRPORT, FL

Zip

33406

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 0729479

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANNA MARIE E. SUHAR

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

101 YALE DRIVE

City

LAKE WORTH

FL

Zip Code

33460

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 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) ☒

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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	P/T/D
NAME	WAYNE R SUHAR
STREET ADDRESS	101 YALE DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	V/S/D
NAME	ANNA MARIE E SUHAR
STREET ADDRESS	101 YALE DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO-NOT WRITE
IN THIS SPACE**

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:

Anna Marie E. Suhar

ANNA MARIE E SUHAR

4/25/02

561-5853661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)