

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91895 043 \*\*\*150.00

0560285 AV

**DOCUMENT # P97000019054**

1. Entity Name

**GOLDMINE HOLDINGS OF SARASOTA, INC.**



Principal Place of Business

**1766 MAIN STREET  
SARASOTA FL 34236**

Mailing Address

**2169 MAIN STREET  
SARASOTA FL 34237**

2. Principal Place of Business

**417 Burns Court**

Suite, Apt. #, etc.

3. Mailing Address

**417 Burns Court**

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

Zip

**34239**

Country

**Sarasota**

Zip

**34239**

Country

**Sarasota**

4. FEI Number

**65-0735518**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DUMBAUGH, JOHN D  
SYPRETT MESHAD ET AL  
1900 RINGLING BLVD  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

**Juan Leon**

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

**417 Burns Court**

City

**Sarasota**

**FL**

Zip Code

**34239**

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:

**Juan Leon**

**4/30/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **PT** ☐ Delete  
NAME **LEON, JUAN**  
STREET ADDRESS **2423 SIESTA DR**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **S** ☐ Delete  
NAME **LEON, FELICIDAD**  
STREET ADDRESS **2423 SIESTA DR**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Certified Mail**  
STREET ADDRESS **#7001 1940 0006 5532 1776**  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Juan C. Leon, Pres.**

**4/30/03**

Date

Daytime Phone #

CR2E034 (10/02)