## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2001 8:00 am Secretary of State DOCUMENT # P9700046564 CEDAR KEY GULF COAST GOLDS, INC. 05-10-2001 90217 021 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 46 SR 24 AT CEDAR STREET CEDAR KEY FL CEDAR KEY FL 32625 60063412 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3450431 City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAUSEY, KATHRYN F +6052 D ST CEDAR KEY FL 32625 ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) plicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change VSD ☐ Delete TITLE TITLE HATHCOX, GARY W NAME NAME 5R 24 12421 6052 D ST- ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR KEY FL 32625 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE HATHCOX, SHEILA D NAME 12421 SR 24 NAME 6052 D ST --> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR KEY FL 32625 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE CAUSEY, KATHRYN F NAME NAME 2421 SR 24 6052 D-ST > STREET ADDRESS STREET ADDRESS CEDAR KEY FL 32625 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ING OFFICER OR DIRECTOR