2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State P97000049977 **DOCUMENT #** 1. Entity Name 02-21-2002 90075 032 ***150.00 GOLDEN GEM BUILDERS, INC. Principal Place of Business Mailing Address 755 LOGAN BLVD.. NORTH 755 LOGAN BLVD., NORTH NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3456803 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AURIGEMMA, ADA Street Address (P.O. Box Number is Not Acceptable) 755 LOGAN BLVD., NORTH NAPLES FL 34119 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE S \$150.00 9. This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME AURIGEMMA, ADA STREET ADDRESS 755 LOGAN BLVD., NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME AURIGEMMA, JOHN STREET ADDRESS STREET ADDRESS 755 LOGAN BLVD., NORTH CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition 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

an address, with all other like empowered.

changed, or on an attachment with

(941)3537116

CR2E034 (9/01

FILED