

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000082692**

1. Entity Name
Golden Bull Enterprises Inc.

APPROVED
AND
FILED

00 JUN 20 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. Box 10158
Tallahassee, FL 32302

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. Box 10158
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Tallahassee, FL 59-3603220 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional
32302 USA Fee Required

6. Name and Address of Current Registered Agent

Mark S. Levine
245 E. Virginia St.
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

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 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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **Chairman**
STREET ADDRESS **James Phillip Jester**
CITY-ST-ZIP **2849 Ohard Drive**
Tallahassee, FL 32308

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: **James Phillip Jester** 6/20/2000 850/599-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)