

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087497

1. Entity Name
GOLDSMITH DESIGNER JEWELRY INC.

Principal Place of Business

1812 S. HWY 77 #114
LYNN HAVEN FL 32444

Mailing Address

1812 S. HWY 77 #114
SUITE 114
LYNN HAVEN FL 32444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3475479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMSON, JORGE D
1812 S. HIGHWAY 77
SUITE 114
LYNN HAVEN FL 32444

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME ADAMSON, JORGE D
STREET ADDRESS 1812 S HWY 77 SUITE 114
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE VP ☐ Delete
NAME GOSE, MICHAEL E
STREET ADDRESS 311 E 34TH ST
CITY-ST-ZIP PANAMA CITY FL 32405

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
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ADAMSON, JORGE D
STREET ADDRESS 1406 MASSACHUSETTS AVE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME GOSE, MICHAEL E.
STREET ADDRESS 1313 CAPRI DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32405

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
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-01

(850) 271-1444

Date

Daytime Phone #

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90010 023 ***550.00



DO NOT WRITE IN THIS SPACE

010627 AT

CR2E034 (5/01)