2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90994 002 ***150.00

DOCUMENT # P98000010955

1. Entity Name
THELMA GOLDING & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~5321 - 10TH AVENUE SOUTH~~	~~PO BOX 3035~~
~~GULFPORT FL 33707~~	~~GULFPORT FL 33737~~
4726 NW 49TH COURT	4726 NW 49TH COURT
TAMARAC, FL 33319	TAMARAC, FL 33319
2. Principal Place of Business: 4726 NW 49TH COURT	3. Mailing Address: 4726 NW 49TH COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3495545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROANE, DONALD N
5321 - 10TH AVENUE SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name: DONALD N. ROANE
Street Address (P.O. Box Number is Not Acceptable): 4726 NW 49TH COURT
City: TAMARAC FL Zip Code: 33319

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROANE, DONALD N 5321 - 10TH AVENUE SOUTH GULFPORT FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROANE, DONALD N 4726 NW 49TH COURT TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOLDING-ROANE, THELMA M. 4726 NW 49TH COURT TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 (DONALD N. ROANE) 4/28/03 954-735-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)