2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90128 015 ***150.00

DOCUMENT # P98000034974

1. Entity Name
GOLDEN B, INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
26511 CLARKSTON DR	26511 CLARKSTON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS FL	City & State: BONITA SPRINGS, FL
Zip: 34135 Country:	Zip: 34135 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0900975 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARMER, AARON 3001 TAMIAMI TR N NAPLES, FL 34103	Name: JUERGEN WEYERS Street Address (P.O. Box Number is Not Acceptable): 26511 CLARKSTON Dr. City: BONITA SPRINGS FL Zip Code: 34135

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

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD WEYERS JUERGEN 4419 DEL PRADO BLVD S CAPE CORAL, FL 33914	☒ Delete	PSTD WEYERS JUERGEN 26511 CLARKSTON DR BONITA SPRINGS, FL 34135	☒ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

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: _____ JUERGEN WEYERS (D) 04/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #