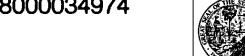
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P98000034974

1. Entity Name GOLDEN B, INC.





**FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90065 020 \*\*\*150.00

| Principal Place<br>18570 DEEP PA<br>FORT MYERS (            |  | Mailing Address 18570 DEEP PASSAGE LN FORT MYERS BEACH FL 33931   |                                   |   |                                  |   |                               |   |  |  |
|---|--|---|-----------------------------------|---|----------------------------------|---|-------------------------------|---|--|--|
| 2. Principal Pl   | ace of Business  | 3. Mailing Address  |                                   |   | 1                                | 1   | <b>ic</b> hii <b>bahaa</b> ii | <b>                                </b>       | 1861) BIBI 1881                          |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |                                   |   | 1                                | ☐ CHECK HERE IF MAKING CHANGES  |                               |   |  |  |
| City & State  |  | City & State  |                                   | 4. 1  | 4. FEI Number 65-0900975         |   |                               | pplied For                                    |  |  |
| Zip   | Country  | Zip   | Countr                            | у   | 5. (                             | 5. Certificate of Status Desired  |                               | \$8.75 Additional<br>Fee Required             |  |  |
|   | 6. Name and Address of Current   | Registered Agent  |                                   |   | 7I                               | Name and Address of New Reg   | istered A                     | gont  |  |  |
| WEYERS, JUERGEN<br>18570 DEEP PASSAGE LN                    |  |   |                                   | Name Street Address (P.O. Box Number is Not Acceptable)     |                                  |   |                               |   |  |  |
|   | RS BEACH FL 33931  |   | -                                 |   |                                  | <del></del>   |                               |   |  |  |
| , %<br>, %  |  |   | City                              |   |                                  |   | FL                            | Zip Coo                                       | le                                       |  |
| the obligation  | named entity submits this statement for<br>ons of registered agent.  |   |                                   | Agent signature require                                     |                                  |   | DATE                          | amiliar with,                                 | and accept                               |  |
| F1I<br>After<br>Make Check                                  | E NGW!!! FEE IS \$150.00<br>May 1, 2003 Fee will be \$550.00<br>Payable to Florida Department of   | State   |                                   |   |                                  | Election Campaign Finan     Trust Fund Contribution.  |                               | Adde  | 0 May Be                                 |  |
| 10.   | OFFICERS AND DIRECTORS  PSTD   |   | 11.                               | 1   |                                  | DITIONS/CHANGES TO OFFICE   | ERS AND                       |   |  |  |
| NAME  | Delete VEYERS, JUERGEN 8570 DEEP PASSAGE LN ORT MYERS BEACH FL 33931   |   |                                   |   |                                  |   |                               | ☐ Change                                      | Addition                                 |  |
| TITLE 7:<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | :  | ☐ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>T-ZIP  | •                                |   |                               | ☐ Change                                      | Addition                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | The second of th | □ Delete  | TITLE NAME STREET CITY-S          | AODRESS<br>T-ZIP  |                                  |   |                               | Change  | Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | ☐ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>T-ZIP  |                                  |   |                               | ☐ Change                                      | ☐ Addition                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  | ☐ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>1-zip  |                                  |   |                               | Change  | Addition                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  | ☐ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>I-ZIP  |                                  |   | -                             | ☐ Change                                      | ☐ Addition                               |  |
| 12. I hereby ce<br>indicated c<br>of the corp<br>changed, c | ertify that the information supplied with<br>on this report or supplemental report is<br>oration or the receiver or trustee empo<br>or on an attachment with an address, w   | this filing does not qualify for<br>true and accurate and that m<br>wered to execute this report a<br>ith all other like impowered. | the exemply signatured            | otion stated in Se<br>re shall have the<br>d by Chapter 607 | ection 1<br>same le<br>7, Floric | 19.07(3)(i), Florida Statutes. I fu<br>egal effect as if made under oath<br>da Statutes; and that my name a | rther certin; that I ar       | fy that the in<br>n an officer<br>Block 10 or | nformation<br>or director<br>Block 11 if |  |

SIGNATURE:

SIGNATURE F

01/05/03

239-910-3072