AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034974

1. Entity Name
GOLDEN B, INC.

Principal Place of Business	Mailing Address
18570 DEEP PASSAGE LN FORT MYERS BEACH, FL 33931	18570 DEEP PASSAGE LN FORT MYERS BEACH, FL 33931

2. Principal Place of Business	3. Mailing Address
4427 S.E. 16th Place	4427 S.E. 16th Place
Suite, Apt. #, etc. # 2	Suite, Apt. #, etc. # 2
City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33904 Country USA	Zip 33904 Country

☐ CHECK HERE IF MAKING CHANGES MRD

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
WEYERS, JUERGEN 18570 DEEP PASSAGE LN FORT MYERS BEACH, FL 33931	Name CHRISTINE E. WRIGHT Street Address (P.O. Box Number is Not Acceptable) 4427 S.E. 16th Place # 2 City CAPE CORAL FL Zip Code 33904

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 [signature] 7/29/03
Signature and/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILING OFFICE FEE IS $150.00
After May 1, 2003 Fee Will Be $350.00
amended UBR is $61.25
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 PSTD NAME WEYERS, JUERGEN STREET ADDRESS 18570 DEEP PASSAGE LN CITY-ST-ZIP FORT MYERS BEACH, FL 33931 ☒ Delete	TITLE PSTD NAME HAROLD BALINK STREET ADDRESS 14211 PATTYBERG Dr. 204 CITY-ST-ZIP FT. MYERS, FL 33919 ☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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CR2E034 (10/02)

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] as Director 7/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #