FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90395 040 ***150.00

DOCUMENT # P98000046071

1. Entity Name

Plated Gold, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
1586 Eagle Nest Circle	P.O. Box 196642	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Winter Springs, FL	City & State: Winter Springs, FL	4. FEI Number: 59 354 8552 ☐ Applied For ☐ Not Applicable
Zip: 32708 Country: USA	Zip: 32719 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jerry C. Bostick

Street Address (P.O. Box Number is Not Acceptable)

1586 Eagle Nest Circle

City: Winter Springs FL Zip Code: 32708

6. 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: _____ 4.28.03
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required for filing) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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

☐ TE NAME STREET ADDRESS CITY-ST-ZIP	President Jerry C. Bostick 1586 Eagle Nest Circle Winter Springs FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ TE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dessie Bostick 1586 Eagle Nest Circle Winter Springs FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ TE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
☐ TE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.28.03 407.359.1360
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #