2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000088115 May 08, 2000 8:00 am 1. Entity Name **Secretary of State** GOLDEN LEOPARD ENTERPRISES, INC. 05-08-2000 90015 050 ***150.00 Principal Place of Business Mailing Address 4065 EAST LAKE DRIVE PO BOX 1772 HERNANDO FL 33611-1231 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address 7313 - 8TH AVE. N. 7313-8TH AVE. N. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3539352 ST. PETERSBURG Not Applicable ST. PETERSBURG \$8.75 Additional 5. Certificate of Status Desired UŠA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GILLIN, JOHN T 4065 EAST LAKE DRIVE HERNANDO FL 34442 HETERS DURG 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE GILLIN, JOHN T. 7313-8TH AVE. N. TITLE NAME GILLIN, JOHN T NAME 4065 EAST LAKE DRIVE STREET ADDRESS STREET ADDRESS ST. PETERS BURG FL CITY-ST-ZIP CITY-ST-ZIP **HERNANDO FL 34442** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.