

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90094 048 ***550.00

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DOCUMENT # P98000090737

1. Entity Name
GOLDEN BEACH REALTY & DEVELOPMENT CORP.



Principal Place of Business
**622 HIBISCUS DRIVE
VENICE FL 32285**

Mailing Address
**622 HIBISCUS DRIVE
VENICE FL 32285**



2. Principal Place of Business
622 Hibiscus Dr

3. Mailing Address
Same

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

☐ CHECK HERE IF MAKING CHANGES

City & State
Venice FL

City & State
Venice FL

4. FEI Number
65-0874204

Applied For
☐ Not Applicable

Zip
33425

Country
Somalia

Zip
33425

Country
Somalia

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

**ROBERTS, GREGORY C
341 VENICE AVENUE WEST
VENICE FL 34285**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDST
BURGESS, JAMES W
4297 ACUSHNET AVENUE
NEW BEDFORD MA 02745**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/03

Date

9414860030

Daytime Phone #

CF2E034 (4/03)