

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 004 ***150.00

DOCUMENT # P98000096709																															
1. Entity Name THE GOLDEN FLY II, INC.																															
Principal Place of Business 3550 S. OSPREY AVENUE SARASOTA FL 34239		Mailing Address 3550 S. OSPREY AVENUE SARASOTA FL 34239																													
2. Principal Place of Business 2372 SANDRALA DR.		3. Mailing Address 2372 SANDRALA DR.																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State SARASOTA, FL.		City & State SARASOTA, FL.																													
Zip 34231	Country SARASOTA	Zip 34231	Country SARASOTA																												
6. Name and Address of Current Registered Agent GOLDFLIES, GREER W 1727 HYDE PARK STREET SARASOTA FL 34239		4. FEI Number 65-0875429 <div style="float:right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent																													
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.		<div style="border: 1px solid black; padding: 5px;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div>																													
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State																													
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width:50%;"> <div style="border: 1px solid black; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> </td> <td style="width:50%;"> <div style="border: 1px solid black; padding: 2px;"> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> GOLDFLIES, GREER W 1727 HYDE PARK SARASOTA FL 34239 </div> </td> <td style="width:50%;"> <div style="border: 1px solid black; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> </td> <td style="width:50%;"> <div style="border: 1px solid black; padding: 2px;"> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> GOLDFLIES, GREER W. 2372 SANDRALA DR. 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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.																															
SIGNATURE: QSGH/FLIES REQUIRED		Date 2/8/02 Daytime Phone #																													

CR2E034 (9/01)