


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000096709

1. Entity Name
THE GOLDEN FLY II, INC.



Principal Place of Business
2572 SANDRALA DRIVE
SARASOTA, FL 34231

Mailing Address
2572 SANDRALA DRIVE
SARASOTA, FL 34231

11030495

2. Principal Place of Business
2372 Sandrala Dr.
Suite, Apt. #, etc.

3. Mailing Address
2372 Sandrala Dr.
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34231

Country
USA

Zip
34231

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0875429

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDFLIES, GREER W
1727 HYDE PARK STREET
SARASOTA, FL 34239

7. Name and Address of New Registered Agent
Name
Greer W. Goldflies
Street Address (P.O. Box Number is Not Acceptable)
2372 Sandrala Drive
City
Sarasota FL Zip Code
34231

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  DATE 4/29/03

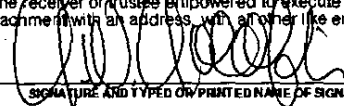
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | P GOLDFLIES, GREER W 2372 SANDRALA DRIVE SARASOTA, FL 34231 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:  DATE 4/29/03 941-922-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)