

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002293

1. Entity Name

DURGOLD, INC.

FILED

Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90040 003 ***150.00

Principal Place of Business

10901 NW 5TH CT.
PLANTATION FL 33324

Mailing Address

10901 NW 5TH CT.
PLANTATION FL 33324-1533

2. Principal Place of Business

4900 NW 15TH STREET

Suite, Apt. #, etc.

#4468

3. Mailing Address

4900 NW 15TH STREET

Suite, Apt. #, etc.

#4468

City & State

MARGATE, FL.

City & State

MARGATE, FL.

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

6. Name and Address of Current Registered Agent

GOLDEN, JAMES J
10901 NW 5TH CT.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

JAMES J. GOLDEN

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

4900 NW 15TH ST. #4468

City

MARGATE, FL

State

Zip Code

33063

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~CEO~~ ☐ Delete

NAME DURHAM, JOHN L
STREET ADDRESS 10901 NW 5TH CT.
CITY-ST-ZIP PLANTATION FL 33324

TITLE ~~PRESIDENT~~ ☐ Delete

NAME GOLDEN, JAMES J
STREET ADDRESS 10901 NW 5TH CT.
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2000

954-972-3327

CR2000 10/00