

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000002293

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: DURGOLD, INC.

**Current Principal Place of Business:**

4900 NW 15TH STREET  
#4468  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

4900 NW 15TH STREET  
#4468  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 65-0884295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOLDEN, JAMES J  
4900 NW 15TH ST. #4468  
MARGATE, FL 33063

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: DURHAM, JOHN L  
Address: 10901 NW 5TH CT.  
City-St-Zip: PLANTATION, FL 33324

Title: P ( ) Delete  
Name: GOLDEN, JAMES J  
Address: 10901 NW 5TH CT.  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. GOLDEN

PRES

01/07/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date