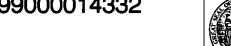
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P99000014332

1. Entity Name GOLD CITY INC.

Principal Place of Business





Mailing Address

FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90036 001 ***150.00

3209 WHITE D				3209 WHITE DOVE LANE KISSIMMEE FL 34746					
2. Principal Place of Business			3. Mai	3. Mailing Address				L LODDINON HER TOUR DERLY BRILLY BOURT ORDING BRILLY BRILLY BLOOM HER STATE OF THE	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State	e		City	City & State			4.	FEI Number 59-3563204 Applied For Not Applicable	
Zip	Country		Zip			Country		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			
SUTTER, BERNARD R 3036 BIG SKY BLVD						Name Street Address (P.O. Box Number is Not Acceptable)			
ĶISSIMMEE FL 34741						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 \$150.00 Äfter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIRECTORS 1				11.		ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3209 WHF	KABIRUDDIN TE DOVE LANE E FL 34746		☐ Delete				☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	

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 apaddress, with all other like empowered.