

# 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000025908

# FILED Sep 11, 2000 8:00 am Secretary of State

08-23-2000 90028 040 \*\*\*150.00

1. Entity Name  
**GOLD RUSH INDUSTRIES, INC.**

Principal Place of Business      Mailing Address  
462 OLD OAK CIRCLE      462 OLD OAK CIRCLE  
PALM HARBOR FL 34683      PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **59-357-9846**      Applied For  
Not Applicable

5. Certificates of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PUNZONE, MICHAEL  
462 OLD OAK CIRCLE  
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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CFR2034 (5/00)

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: *Michael Punzone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/14/2000      Daytime Phone #: 727-786-7528

Attachment  
D# P99 000025908  
[REDACTED]  
309652

August 14, 2000

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Gold Rush Industries, Inc.  
EIN 59-3579846

Dear Sir or Madam:

It has been brought to my attention that the annual report for Gold Rush Industries, Inc. has not been filed with your office.

I have discovered that the annual report was never received at our business address. It was apparently mishandled by the postal system.

Please accept out check in the amount of \$150.00 representing the annual fee.

I appreciate your cooperation.

Sincerely,

Michael Punzone  
President

