

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90154 044 \*\*\*150.00

**DOCUMENT # P99000041846**

1. Entity Name  
**GOLDEN MANUFACTURING, INC.**



Principal Place of Business  
**3587 PALMETTO AVE  
FT. MYERS FL 33916**

Mailing Address  
**3587 PALMETTO AVE  
FT. MYERS FL 33916**

2. Principal Place of Business

**3587 Veronicas Shoemaker Blvd**

3. Mailing Address

**3587 Veronicas Shoemaker Blvd**

City & State  
**FT Myers FL**

City & State  
**FT Myers FL**

Zip Country  
**33916 USA**

Zip Country  
**33916 USA**

4. FEI Number **65-0921885**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOLDEN, WILLIAM  
3587 PALMETTO AVE  
FT. MYERS FL 33916**

7. Name and Address of New Registered Agent

Name **GOLDEN, William**  
Street Address (P.O. Box Number is Not Acceptable)  
**3587 VERONICA S. SHOEMAKER BLVD.**  
City **FORT MYERS** FL Zip Code **33916**

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

**04-21-03**

**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	DPVS GOLDEN, WILLIAM 4810 HIGGINBOTHAM ROAD FT. MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDEN, WILLIAM 4810 HIGGINBOTHAM ROAD FT. MYERS FL 33905	<input type="checkbox"/> Delete
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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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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

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 without other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-21-03**

Date

**239-337-4141**

Daytime Phone #

CR2E034 (10/02)