

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059220

1. Entity Name
JUDY'S 14-K GOLD, INC.

Principal Place of Business
205 E GREEN STREET
PERRY FL 32347

Mailing Address
P.O. BOX 1886
PERRY FL 32348

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 59-3591110 Applied For Not Applicable

5. 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

PATE, DAVID T JR.
1974 U.S. HWY 221 NORTH
PERRY FL 32347

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD
STREET ADDRESS PATE, DAVID T JR.
CITY-ST-ZIP P.O. BOX 1886
PERRY FL 32348 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004597317-2
-09/18/01--01064--020
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS PATE, EDWINA G
CITY-ST-ZIP P.O. BOX 1886
PERRY FL 32348 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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* SECRETARY OF STATE

SP
850-584-3669

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 12 PM 4:38



DO NOT WRITE IN THIS SPACE

0108871 AT

CP2E034(5/01)

pg 2 of 2

I did not receive the first
notice for annual filing

David T. Pato - President