

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074437

1. Entity Name

GoldenAccess. Com, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

16 College Court  
Suite, Apt. #, etc.

16 College Court  
Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip 32137

Country

City & State

Palm Coast, FL

Zip 32137

Country

4. FEI Number

65-0769954

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

Name

William A. Walton

Street Address (P.O. Box Number is Not Acceptable)

16 College Court

City

Palm Coast

FL

Zip Code

32137

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

William A. Walton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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 D  
NAME RADIN, ALAN  
STREET ADDRESS 3 Commerce Blvd.  
CITY-ST-ZIP Palm Coast, FL 32164  
☒ Delete

TITLE D, President, Secy  
NAME WALTON, William A.  
STREET ADDRESS 16 College Court  
CITY-ST-ZIP Palm Coast, FL 32137  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE A, Asst Secy.  
NAME Appelblatt, Gary M.  
STREET ADDRESS 3610 American River Drive, Ste 112  
CITY-ST-ZIP Sacramento, CA 95864  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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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:

William A. Walton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. WALTON 4/26/01

904445-5476

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 22 PM 1:02

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)