## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000086904 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN GOLD & TRUST CO. 04-25-2000 90064 029 \*\*\*150.00 Mailing Address Principal Place of Business 341 N. MAITLAND AVE., STE. 340 341 N. MAITLAND AVE., STE. 340 MAITLAND FL 32751 MAITLAND FL 32751-4761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4 FEI Number City & State 59-3603297 Not Applicable Country \$8.75 Additional Zip Country $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVE., STE. 340 MAITLAND FL 32751 Zip Code FL 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE ☐ Change X Addition TITLE Stuart, Allen NAME NAME 105 Northwest Ivanhoe Boulevard STREET ADDRESS STREET ADDRESS Orlando, Florida 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE Krasyuk, Igor NAME 105 Northwest Ivanhoe Boulevard STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, Florida 32803 CITY-ST-ZIP X Addition ☐ Delete TITLE TITLE Zvidrina, Sanita NAME STREET ADDRESS STREET ADDRESS 105 Northwest Ivanhoe Boulevard CITY-ST-ZIP CITY-ST-ZIF Orlando, Florida 32803 ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-ZIP

CITY-ST-ZIP

04.19.00. (407)4818827

Date Davime Phone #