

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100234

1. Entity Name
GOLD OAK INVESTMENTS, INC. ✓

Principal Place of Business

926 SHAW CIRCLE
MELBOURNE FL 32940

Mailing Address

926 SHAW CIRCLE
MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 410697

MELBOURNE

FLORIDA

32941

USA

6. Name and Address of Current Registered Agent

DEANGELIS, AARON J
926 SHAW CIRCLE
MELBOURNE FL 32940

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	AARON J. DE ANGELIS	926 SHAW CIRCLE	MELBOURNE, FL 32940		
VICE PRESIDENT	KATHLEEN KLAIR	953 HWY A1A, OCEAN RESIDENCE SOUTH	INDIALANTIC, FL 32903		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/09/00

Date

321-752-6291

Daytime Phone #

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90010 026 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)