

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/2000 10:00:00 AM

DOCUMENT # S14141

1. Entity Name

THE GOLDSMITH OF PALM COAST, INC.

FILED
Jun 22, 2000 8:00 am
Secretary of State

05-24-2000 90034 040 ***150.00

Principal Place of Business

Mailing Address

~~1400 PALM COAST PKWY~~
 PALM COAST FL 32137

P.O. BOX 351441
 PALM COAST FL 32135-1441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Palm Coast FL

City & State

4. FEI Number 59-3037176

Applied For
 Not Applicable

Zip 32137

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOMER, CHARLES C.
 90 FELWOOD LANE
 PALM COAST FL 32137

Name CHARLES C BOOMER
 Street Address (P.O. Box Number is Not Acceptable)

127 Cinnamon Dr
 City Palm Coast FL Zip 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 Charles C Boomer

4/7/00

(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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	BOOMER, CHARLES C.	
STREET ADDRESS	P O BOX 351441	
CITY-ST-ZIP	PALM COAST FL 32155	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOMER, CHARLES C.	
STREET ADDRESS	P O BOX 351441	
CITY-ST-ZIP	PALM COAST FL 32155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Charles C Boomer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

014 19/99