2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2000 8:00 am Secretary of State **DOCUMENT # V35548** 02-04-2000 90055 024 ***150.00 GOLD CREST BUILDERS, INC. Mailing Address Principal Place of Business PO BOX 1825 STONE BRIAR RD GREEN COVE SPRINGS FL 32043-1825 ---- COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3128605 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES, CURTIS Street Address (P.O. Box Number is Not Acceptable) 1500 STONE BRIAR RD **GREEN COVE SPRINGS FL 32043** Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete ☐ Change TITLE JAMES, C.A. NAME STREET ADDRESS STREET ADDRESS PO BOX 1825 CITY-ST-ZIP CITY-ST-7IP GREEN COVE SPRINGS FL Delete TITLE Change ☐ Addition TITLE NAME Jolly, Steve NAME STREET ADDRESS STREET ADDRESS PO BOX 1825 CITY-ST-ZIP CITY-ST-ZIP GREEN COVE SPRINGS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 suppliemental 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

☐ Delete

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1-6-00

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Addition

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