

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91764 007 \*\*\*150.00

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**DOCUMENT # V35548**

1. Entity Name

**GOLD CREST BUILDERS, INC.**



Principal Place of Business

~~1500 STONE BRIAR RD~~

GREEN COVE SPRINGS FL 32043

US

Mailing Address

PO BOX 1825

GREEN COVE SPRINGS FL 32043

US

2. Principal Place of Business

3. Mailing Address

1872 Wentworth Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Green Cove Springs FL

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3128605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
32043

Country  
US

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, CURTIS

~~1500 STONE BRIAR RD~~

GREEN COVE SPRINGS FL 32043

1872 Wentworth Lane

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JAMES, C.A.  
CITY-ST-ZIP PO BOX 1825  
GREEN COVE SPRINGS FL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS JOLLY, STEVE  
CITY-ST-ZIP PO BOX 1825  
GREEN COVE SPRINGS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 904-284-2595

Daytime Phone #

CR2E034 (10/02)