

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90103 036 ***150.00

DOCUMENT # V40194

1. Entity Name
AUSTRALIAN GOLD OF S.W. FLA., INC.



Principal Place of Business
**7225 ESTERO BLVD.
FORT MYERS BEACH FL 33931**

Mailing Address
**28521 WINTHROP CIRCLE
BONITA SPRINGS FL 34134
US**



2. Principal Place of Business

**11181 Kelly RD
Suite, Apt. #, etc.
FT. Myers, FL
City & State**

3. Mailing Address

**SAME
Suite, Apt. #, etc.**

City & State

4. FEI Number **65-0341928**

Applied For
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip **33908** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**ECHOLS, LARRY A.
6100 ESTERO BLVD.
FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name **SHELLEY O. DURRETT**
Street Address (P.O. Box Number is Not Acceptable)
28521 Winthrop Cir
City **Bonita Spring** FL Zip Code **34134**

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 **SHELLEY O. DURRETT**
Signature, typed or printed name of registered agent and title if applicable.

SHELLEY O. DURRETT
(NOTE: Registered Agent signature required when reinstating)

01/22/03
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURRETT, ALVA E., JR. 28521 WINTHROP CIRCLE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres DURRETT, SHELLEY O. 28521 Winthrop Cir BONITA SP FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SHELLEY O. DURRETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 2003
Date Daytime Phone #

CR2E034 (10/02)