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FILED  
May 12, 2002 8:00 am  
Secretary of State

04-09-2002 90069 032 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088024

1. Entity Name  
KENNETH A. GOODFELLOW JR. INC.

Principal Place of Business  
463 GOLFVIEW DR  
NAPLES FL 34110

Mailing Address  
463 GOLFVIEW DR  
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                |  |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br>59-3745269                               |  | Applied For<br>Not Applicable  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |  |
| City & State                   |         | City & State        |         |   |  |                                |  |
| Zip                            | Country | Zip                 | Country |   |  |                                |  |

|  |  |  |  |  |  |    |  |          |  |
|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent                |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |          |  |
| GOODFELLOW, KENNETH A JR<br>463 GOLFVIEW DR<br>NAPLES FL 34110 |  |  |  | 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 *Kenneth A. Goodfellow Jr.* DATE 3/31/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOODFELLOW, KENNETH A JR<br>463 GOLFVIEW DR<br>NAPLES FL 34110 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOODFELLOW, LORAYNE R<br>463 GOLFVIEW DR<br>NAPLES FL 34110    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kenneth A. Goodfellow Jr.* DATE 3/31/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)