

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90031 021 ***150.00

DOCUMENT # 156850

1. Entity Name
GOODALL BROS. TRANSFER & WAREHOUSE CO.

Principal Place of Business Mailing Address
1530 BURLINGTON AVE. NORTH 1530 BURLINGTON AVE. NORTH
ST PETERSBURG FL 33705 ST PETERSBURG FL 33705-1529

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0590541** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODALL, H. JOHN
1015 35TH STREET NORTH
ST PETERSBURG FL 33713

Name **MICHAEL J. GOODALL**
 Street Address (P.O. Box Number is Not Acceptable)
530 Oleander Way
St. Petersburg, FL 33707
 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 *[Signature]* **Pres MICHAEL J. GOODALL** **2-9-00**
 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	PD	<input type="checkbox"/> Delete
NAME	GOODALL, H. JOHN	
STREET ADDRESS	1530 BURLINGTON AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOODALL, CHRISTOPHER M	
STREET ADDRESS	304 17TH AVENUE NORTH	
CITY-ST-ZIP	ST PETE FL 33704	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOODALL, MICHAEL	
STREET ADDRESS	1530 BURLINGTON AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MULHOLLAND, RAYMOND L	
STREET ADDRESS	777 28TH AVENUE NORTH	
CITY-ST-ZIP	ST PETE FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J. GOODALL	
STREET ADDRESS	530 Oleander Way	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODALL, CHRISTOPHER M.	
STREET ADDRESS	1530 Burlington Avenue No.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINGER A. GOODALL	
STREET ADDRESS	1015 35 Street North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHOLLAND, RAYMOND	
STREET ADDRESS	1530 Burlington Avenue No.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
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		
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: *[Signature]* **VP GINGER A. GOODALL** **2-9-00** **727/494-3040**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)