2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 156850

1. Entity Name

GOODALL BROS. TRANSFER & WAREHOUSE CO.

Principal Place of Business

Mailing Address

1530 BURLINGTON AVE. NORTH

1530 BURLINGTON AVE. NORTH

ol FEIENOBUR	NG FE 33/05	SI PETERSBURG PL 33700						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	E IN THIS SPACE		
City & State		City & State	City & State		FEI Number 59-0590541		Applied For]
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired			
ng englis s	6. Name and Address of Curr	rent Registered Agent		·7I	Name and Address of New Re			╂╾
	organio, and marked or, our	one regional regarding	Name		THE COLOR PROGRAMMENT AND THE PROGRAMMENT AND	giotorou Agont		1
430	DALL, MICHEAL J OLEANDER WAY	Street A	Street Address (P.O. Box Number is Not Acceptable)					
SAIN	T PETERSBURG FL 33707			· · · · · · · · · · · · · · · · · · ·				
		City			FL Zip Co.	de		
8. The above	named entity submits this statemen	nt for the purpose of changing its	registered office of	r registered ag	ent, or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered a	yout and title if applicable (NOTE	E: Registered Agent signat	ura raquirad uhan re	ninetation	DATE		
	digitation, typed of printed fiama of registered a	донгали вие паррисаме. (потр	negistered Agent signat	are required when re	T T			Ì
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees	
11.	OFFICERS A	ND DIRECTORS	12.		I DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	8S IN 11	ĺ
TITLE	PD	☐ Delete	TITLE	1.0	20111011070111111020110011110	☐ Change		3
NAME	GOODALL, MICHEAL J	— 00,000	NAME					3
STREET ADDRESS	530 OLEANDER WAY		STREET ADDRESS					1
CITY-ST-ZIP	SAINT PETERSBURG FL 3370)7	CITY-ST-ZIP					١
TITLE	SD	☐ Delete	TITLE	Treasu	ror	Change	☆ Addition	Š
NAME	GOODALL, CHRISTOPHER M		NAME	Treasu	rer	_ •		۱,
STREET ADDRESS	1530 BURLINGTON AVENUE	NO.	STREET ADDRESS					l
CITY-ST-ZIP	SAINT PETERSBURG FL 3370)5	CITY-ST-ZIP					l
-TITLE	-VPD	Delete	· TITLE	an also same year.		Change	Addition	l
NAME	GOODALL, GINGER A		NAME					l
STREET ADDRESS	1015 35 STREET NORTH	-	STREET ADDRESS					l
CITY-ST-ZIP	SAINT PETERSBURG FL 3371	······	CITY-ST-ZIP				``%	-
TITLE	TD	Delete	TITLE			Change	☐ Addition	ĺ
NAME	MULHOLLAND, RAYMOND L		NAME					l
STREET ADDRESS	1530 BURLINGTON AVENUE		STREET ADDRESS					l
CITY-ST-ZIP	SAINT PETERSBURG FL 3370		CITY-ST-ZIP					i
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME STREET ADDRESS		,	NAME STREET ADDRESS					l
CITY-ST-ZIP			CITY-ST-ZIP					1
TITLE			-					ľ
TITLE		☐ Delete	TITLE			☐ Change	☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

727 994-3040

Apr 18, 2001 8:00 am Secretary of State

04-18-2001 90105 023 ***150.00