

DOCUMENT # 349119
1. Entity Name
DAVID & GODDARD, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90034 032 ***150.00

Principal Place of Business Mailing Address
1249 TALL PINES DR 1249 TALL PINES DR
OSTEEN FL 32764 OSTENEN FL 32764
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1249 Tall Pines Dr. 1249 Tall Pines Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Osteen, FL Osteen, FL
Zip Country Zip Country
32764 USA 32764 USA

4. FEI Number 59-1271319 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GODDARD, CLAUDE H.JR.
1249 TALL PINES DR
OSTEEN FL 32764

7. Name and Address of New Registered Agent
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 _____ DATE _____
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, 2001 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P GODDARD, CLAUDE H JR 1249 TALL PINES DR. OSTEEN FL
Delete
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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.

SIGNATURE: Claude H. Goddard Jr. 01-3-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)