## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am DOCUMENT # 418385 **Secretary of State** 1. Entity Name 02-26-2002 90003 028 \*\*\*150 00 C.J. GOODRICH CONSTRUCTION, INC. Principal Place of Business Mailing Address 6455 33RD CT. SO 6455 33RD CT. SO LAKE WORTH FL 33463 LAKE WORTH FL 33463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1492310 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES GOODRICH, JR Street Address (P.O. Box Number is Not Acceptable) 6455 33RD CT. S. LAKE WORTH FL 33463 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) DPST TITLE ☐ Delete TITLE Addition GOODRICH, CHARLES J NAME NAME 6455 33RD CT, SO STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP X Delete TITLE TITLE ☐ Change ☐ Addition NAME GOODRICH, EVELYN M NAME STREET ADDRESS 6455 33RD CT, SO STREET ADDRESS CITY-ST-7(P LAKE WORTH FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **X** Addition GOODRICH, SCOTT C. NAME NAME STREET ADDRESS STREET ADDRESS 3340 JOB ROAD 33467 CITY-ST-ZIP CITY-ST-ZIP ake Worth ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

with all other like empowered SIGNATURE: 100 SIGNATURE AND TOPED OR PRINTED NAME OF SIGNI

changed, or on an attachment with an address

13. Thereby 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