

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90086 044 ***150.00

DOCUMENT # 510142

1. Entity Name
PALMLAND/GOODWAY PRINTING, INC.



Principal Place of Business
**913 N.E. 4TH AVENUE
FT. LAUDERDALE FL 33304**

Mailing Address
**913 N.E. 4TH AVENUE
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-1686077**

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

**HANSEN, JOHN III
913 N E 4TH AVE
FT LAUDERDALE FL 33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HANSEN, JOHN III**
CITY-ST-ZIP **913 NE 4TH AVENUE
FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
NAME **P Hansen John IV**
STREET ADDRESS **913 NE 4th Ave.**
CITY-ST-ZIP **FT. Land. FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HANSEN, JOHN IV**
CITY-ST-ZIP **4491 CRYSTAL LAKE DR, APT 203B
POMPANO BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Hansen John III**
CITY-ST-ZIP **913 NE 4th Ave.**
FT. Land FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 954 763 6724

Date

Daytime Phone #

CR2E034 (10/02)