## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am Secretary of State 601798 DOCUMENT # 1. Entity Name 01-23-2002 90106 046 \*\*\*150.00 GOODMARK, GOODMARK & GOLDSTONE, P.A. Principal Place of Business Mailing Address 400 EXECUTIVE CENTER DRIVE 400 EXECUTIVE CENTER DRIVE SUITE 110 SUITE 110 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State --- -- - City & State - -4. FEI Number Applied For 59-1279406 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODMARK, JERRY J Street Address (P.O. Box Number is Not Acceptable) **400 EXECUTIVE CENTER DRIVE STE 110** WEST PALM BEACH FL 33401 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. X Change ☐ Addition TITLE ☐ Delete TITLE PTD GOODMARK, JERRY J NAME NAME JERRY J. GOODMARK 400 EXECUTIVE CENTER DR STREET ADDRESS STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, STE. 110 W. PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 **VPD** TITLE X Delete TITLE ☐ Change GOODMARK, H NAME NAME JASON J. GOLDSTONE 400 EXECUTIVE CENTER DR. STE 110 STREET ADDRESS STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, STE. 110 WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE ☐ Delete TITLE [] Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition 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-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trueffe epipowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

(561) 684-8866

Daytime Phone #

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FILED

CHZEUSA (9/01)