

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603615

1. Entity Name

CLAUDE O. GODWIN, D.D.S., P.A.

Principal Place of Business

113 Broad Street
Titusville, FL 32796-
2895

Mailing Address

113 Broad Street
Titusville, FL 32796-
2895

2. Principal Place of Business

2670 Garden Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6523

Suite, Apt. #, etc.

City & State

Titusville, Florida

City & State

Titusville, Florida

4. FEI Number

59-1401764

Applied For

Not Applicable

Zip
32796

Country
U.S.A.

Zip
32782-6523

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Claude O. Godwin
113 Broad Street
Titusville, FL 32796

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2670 Garden Street

City

Titusville

FL

Zip Code
32796

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

Claude O. Godwin

Claude O. Godwin, D.D.S.

4/7/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P, D ☐ Delete
NAME Claude O. Godwin
STREET ADDRESS 113 Broad Street
CITY-ST-ZIP Titusville, FL 32796

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2670 Garden Street
CITY-ST-ZIP Titusville, FL 32796

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 O. Godwin DDS

4/7/01

(321) 267-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90481 017 ***150.00

DO NOT WRITE IN THIS SPACE