

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810163

1. Entity Name

GOODALL RUBBER COMPANY

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90112 015 \*\*\*150.00

Principal Place of Business

Mailing Address

790 BIRNEY HIGHWAY  
 SUITE 100  
 ASHTON PA 19014  
 US

790 BIRNEY HIGHWAY  
 SUITE 100  
 ASHTON PA 19014  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

21-0593815

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **MIKA, JOSEPH**  
 STREET ADDRESS **119 MILBOB DR.**  
 CITY-ST-ZIP **IVYLAND PA**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Joseph MIKA**  
 STREET ADDRESS **790 Birney Hwy**  
 CITY-ST-ZIP **Ashton PA 19014**

TITLE **V** ☒ Delete  
 NAME **WISE, THOMAS**  
 STREET ADDRESS **21 BRYAN AVE.**  
 CITY-ST-ZIP **RICHBORO PA**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Joseph ROBERTS**  
 STREET ADDRESS **790 Birney Hwy**  
 CITY-ST-ZIP **Ashton PA 19014**

TITLE **VTS** ☒ Delete  
 NAME **STOUT, DONALD**  
 STREET ADDRESS **623 PARSON AVE**  
 CITY-ST-ZIP **TRENTON NJ**

TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition  
 NAME **ROBERT BISSINGER**  
 STREET ADDRESS **790 Birney Hwy**  
 CITY-ST-ZIP **Ashton PA 19014**

TITLE **PD** ☐ Delete  
 NAME **JOSEPH MIKA**  
 STREET ADDRESS **119 MILBOB DR**  
 CITY-ST-ZIP **IVYLAND PA 18925**

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

TITLE **D** ☐ Delete  
 NAME **TIM RYAN**  
 STREET ADDRESS **10 LINCOLN PARK**  
 CITY-ST-ZIP **HARTVILLE OH 44632**

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

TITLE **D** ☐ Delete  
 NAME **BRUNSTAM, GEORG**  
 STREET ADDRESS **TRELLEBORG INDUSTRI, AB, S-231 81**  
 CITY-ST-ZIP **TRELLEBORG SW**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)