

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J30962

1. Entity Name

GOODY'S ELECTRONIC INSTALLATIONS, INC.

**FILED**  
Jul 26, 2000 8:00 am  
Secretary of State

07-26-2000 90002 014 \*\*\*400.00

06-20-2000 90003 015 \*\*\*150.00

Principal Place of Business

Mailing Address

2778 N. UNIVERSITY DR.  
SUNRISE FL 33322  
US

2778 N. UNIVERSITY DR.  
SUNRISE FL 33322-2435  
US

2. Principal Place of Business

3. Mailing Address

6082 W. PALM BLVD

6082 W. PALM BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL.

City & State

SUNRISE FL.

Zip

333-13

Country

FLORIDA

Zip

333-13

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2762246

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

LEWIS, MYRON A  
2778 N. UNIVERSITY DR.  
SUNRISE FL 33322

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

Myron A Lewis President

Myron Lewis 6/13/00

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	PVDT	<input type="checkbox"/> Delete
NAME	LEWIS, MYRON A	
STREET ADDRESS	8261 S.W. 5TH COURT	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Myron A Lewis President Myron A Lewis

6/13/00

749-9177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/99)