2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90048 013 ***158.75

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DOCUMENT # J30962

1. Entity Name
GOODY'S ELECTRONIC INSTALLATIONS, INC.

Principal Place of Business	Mailing Address
6082 W OAKLAND PK BLVD SUNRISE FL 33313 US	6082 W OAKLAND PK BLVD SUNRISE FL 33313 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
703 South Federal Hwy	703 South Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch FL.	City & State: Pompano Bch FL
Zip: 33062 Country: Broward	Zip: 33062 Country: Broward

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

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

7. Name and Address of New Registered Agent

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 A Lewis SR 3/15/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDT LEWIS, MYRON A 8261 S.W. 5TH COURT N. LAUDERDALE FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 SR 3/15/01 954-782-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #