

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90012 050 \*\*\*158.75

0532804

**DOCUMENT # J97110**

1. Entity Name  
**LAWRENCE W. GOUGH, INC.**

Principal Place of Business <b>3389 CYPRESS GARDENS ROAD          WINTER HAVEN FL 33884          US</b>	Mailing Address <b>P. O. BOX 391          WINTER HAVEN FL 33882          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **01-0433336**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE GOUGH  
 3389 CYPRESS GARDENS ROAD  
 WINTER HAVEN FL 33884**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	Change	Addition
DST	FITZPATRICK, ALBERT	3 FRANKLIN ST	HOULTON ME	<input type="checkbox"/>	<input type="checkbox"/>
D	FITZPATRICK, FRANCIS J.	FOXCROFT RD.	HOULTON ME	<input type="checkbox"/>	<input type="checkbox"/>
D	GOOD, THOMAS L.	FLETCHER RD.	MONTICELLO ME	<input type="checkbox"/>	<input type="checkbox"/>
DP	GOUGH, LAWRENCE W.	RR#4, BOX 1140	HOULTON ME	<input type="checkbox"/>	<input type="checkbox"/>
D	GOUGH, MICHAEL	RR#1, BOX 41	HOULTON ME 04730	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Lawrence W. Gough Lawrence W. Gough, President      1/12/2001      863-318-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)