

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91415 027 ***150.00

DOCUMENT # J98052

1. Entity Name
GOODTIME PRINTING, INC.



Principal Place of Business
**1522 E SILVER SPRINGS BLVD
OCALA FL 34470-6818
US**

Mailing Address
**1522 E SILVER SPRINGS ROAD
OCALA FL 34470-6818
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2858386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREEN, JAMES K.
1522 E. SILVER SPRINGS BLVD
OCALA FL 34470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, JAMES K.	
STREET ADDRESS	2401 N.E. 35TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, MARIE	
STREET ADDRESS	2401 N.E. 35TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, MARIE	
STREET ADDRESS	2401 NE 35TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GREEN, JAMES K.	
STREET ADDRESS	1522 E SILVER SPRINGS BLVD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT LEE	
STREET ADDRESS	4900 NE 11TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green James K.	
STREET ADDRESS	2401 NE 35 Street	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White Robert L. Jr	
STREET ADDRESS	400 SE 48 Avenue	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green Marie	
STREET ADDRESS	2401 NE 35 Street	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White Robert L. Jr	
STREET ADDRESS	400 SE 48 Avenue	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White Kimberly L.	
STREET ADDRESS	400 SE 48 Avenue	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)