2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90033 011 ***150.00

DOCUMENT # **P00000033064**

1. Entity Name
GOODWIN & SMITH, INC.

Principal Place of Business	Mailing Address
3230 15TH STREET NORTH SAINT PETERSBURG FL 33704	3230 15TH STREET NORTH SAINT PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 Bypass Drive	600 Bypass Drive
Suite, Apt. #, etc. Suite 108	Suite, Apt. #, etc. Suite 108
City & State Clearwater, FL.	City & State Clearwater, FL.
Zip 33764 Country USA	Zip 33764 Country USA

4. FEI Number 59-3636405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, GARY
3230 15TH STREET NORTH
SAINT PETERSBURG FL 33704

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

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, 2002 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	D GOODWIN, GARY 3230 15TH STREET NORTH SAINT PETERSBURG FL 33704 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Goodwin, Gary 600 Bypass Drive Suite 108 Clearwater, FL. 33764 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JOANN 3230 15TH STREET NORTH SAINT PETERSBURG FL 33704 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, V.P. Smith Joann 600 Bypass Drive Suite 108 Clearwater, FL. 33761 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

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: X JoAnn Smith 3/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)