

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90155 023 ***150.00

DOCUMENT # P02000068601

1. Entity Name

Goodnow Flooring Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1861 Gap Blvd
Suite, Apt. #, etc.

3. Mailing Address

1861 Gap Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Chipley, Florida

32428

USA

City & State

Chipley, Florida

32428

USA

4. FEI Number

113655754

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Duke Goodnow

Street Address (P.O. Box Number is Not Acceptable)

1861 Gap Blvd

City

Chipley

FL

Zip Code

32428

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

Duke Goodnow

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

(NOTE: Registered Agent signature required when reinstating)

9/13/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP**

Officer
Duke Goodnow
1861 Gap Blvd
Chipley, FL 32428

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Duke Goodnow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/03

Date

850-527-2183

Daytime Phone #

CR2E034B (12/02)

Attachment

80148228

P02000068601

September 13, 2003

Division of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam,

Enclosed is our check #129 for \$150.00, which covers the fee for the annual business report that was due by May 1st. Goodnow Flooring Inc. never received prior notice of this fee. I believe this will bring our Business up to date.

Sincerely,
Goodnow Flooring Inc.
1861 Gap blvd
Chipley, FL 32428



Duke Goodnow
Officer of Goodnow Flooring Inc.