

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90057 037 \*\*\*150.00

0608478

**DOCUMENT # P26036**

1. Entity Name  
**GOODNESS GARDENS INC.**

Principal Place of Business  
**JOURNEY'S END ROAD  
 CROTON-ON-HUDSON NY 10520**

Mailing Address  
**1250 JOURNEY'S END ROAD  
 CROTON-ON-HUDSON NY 10520  
 US**

2. Principal Place of Business  
**377 County Route 12**  
 Suite, Apt. #, etc.

3. Mailing Address  
**377 County Route 12**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**New Hampton, NY**

City & State  
**New Hampton, NY**

4. FEI Number **13-3529257**

Applied For  
 Not Applicable

Zip  
**10958**

Country  
**US**

Zip  
**10958**

Country  
**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI FL 33156-0000**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CD	ROSENTHAL, EDWARD J. 1300 JOURNEY'S END ROAD CROTON-ON-HUDSON NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MURPHY, BRIAN 1290 JOURNEY'S END ROAD CROTON-ON-HUDSON NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	HENSHAW, DAVID 1280 JOURNEY'S END ROAD CROTON ON HUDSON NY 10520	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	HIMMELSTEIN, LAURA 1250 JOURNEY'S END ROAD CROTON-ON-HUDSON NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01  
Date

845-355-4757  
Daytime Phone #

CR2E034 (10/00)