

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90023 036 ***150.00

DOCUMENT # P27141

1. Entity Name

JOHN B. GOODMAN ENTERPRISES, INC.

Principal Place of Business

**1107 HAZELTINE BLVD.
 #200
 CHASKA MN 55318
 US**

Mailing Address

**1107 HAZELTINE BLVD.
 #200
 CHASKA MN 55318
 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

41-1639067

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	GOODMAN, JOHN B.	1107 HAZELTINE BLVD, #200 CHASKA MN				
	V	GOODMAN, SIDNEY A	1107 HAZELTINE BLVD, 200 CHASKA MN 55318				
	V	PETERKA, DAN R	1107 HAZELTINE BLVD 200 CHASKA MN 55318				
	S	BILICH, PATRICIA A	1107 HAZELTINE BLVD 200 CHASKA MN 55318				
	T	SEIFERT, MELINDA	1107 HAZELTINE BLVD 200 CHASKA MN 55318				

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: *Melinda Seifert* **REQUIRED** Treasurer 4/05/02 952-361-8000
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)