

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90955 018 ***150.00

DOCUMENT # P94000006646

1. Entity Name
GOODMAN COMPANIES, INC.



Principal Place of Business
**6416 N. UNIVERSITY DRIVE
TAMARAC FL 33321
US**

Mailing Address
**6416 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321
US**

90075932



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 **65-0462491**

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

**GOODMAN, BARRY N
6416 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	GOODMAN, BARRY N	
STREET ADDRESS	9560 SHADOW WOOD COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARLYN GOODMAN	
STREET ADDRESS	9550 SHADOW WOOD LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V.	<input type="checkbox"/> Delete
NAME	GOODMAN, ROBERT D.	
STREET ADDRESS	9550 SHADOW WOOD LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **BARRY N. GOODMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 (954) 726-0033
Date Daytime Phone #

BARRY N. GOODMAN, PRESIDENT

CR2E034 (10/02)