2000 UNIFORM BUSINESS REPORT (UBR)

Jan 12, 2000 8:00 am DOCUMENT # **P94000015870** Secretary of State 1. Entity Name GOUTHIER DESIGN ASSOCIATES, INC. 01-12-2000 90009 038 ***150 00 Mailing Address Principal Place of Business 2604 NW 54 STREET 2604 NW 54 STREET FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-2638 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0476785 Not Application Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GOUTHIER, JONATHAN** Street Address (P.O. Box Number is Not Acceptable) **2604 NW 54 STREET** FT LAUDERDALE FL 33309 City Zip Code ts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above SIGNATURE title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Г Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change TITLE ☐ Delete **GOUTHIER, JONATHAN J** NAME 2604 NW 54 ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-7IP [] Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change □ * · · · · ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \square ... Change Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that \$\frac{1}{2} \cdot \frac{1}{2} \cd

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES

954739

Daytime Phone #