

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 012 ***150.00

DOCUMENT # 94000019835 ✓
1. Entity Name EARL GODDARD, INC.

DO NOT WRITE IN THIS SPACE

80064388

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7350 US HWY 90
Suite, Apt. #, etc.

3. Mailing Address P.O. Box 616
Suite, Apt. #, etc.

City & State LIVE OAK, FL
City & State WELLBORN, FL
Zip 32060 Country SWANNEE Zip 32094 Country SWANNEE

4. FEI Number 593230707 Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name THOMAS EARL GODDARD
Street Address (P.O. Box Number is Not Acceptable) 7350 US HWY 90 (NO USPS MAIL)
City LIVE OAK FL Zip Code 32060

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. ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OWNER/REG.AGENT/DIRECTOR/P.</u> <u>T. EARL GODDARD</u> <u>P.O. Box 616</u> <u>WELLBORN, FL 32094</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: T. Earl Goddard T. EARL GODDARD (38) 364-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)