## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address

## P94000052954 **DOCUMENT #**

1. Entity Name

Principal Place of Business

GOODMAN & ASSOCIATES, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90085 025 \*\*\*158.75

LUTZ FL 33549 US 2. Principal Place of Business 3. Main'ng Address  Suite, Apt. #, etc.  City & State  City & Stat	18125 U.S. HV				5 U.S. HWY 41 N.							1	- 0 2 0	****	
US  2. Principal Plane of Business  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State  City & State  Country  Count	SUITE 208				SUITE 208				_						
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Sulfe, Apr. #, cic.    City & State	US			US	U\$										
City & State  Country  Country  S. Certificate of State Desired  Set.75 Additional Regulatered Agent  7. Name and Address of New Registered Agent  8. Octoor, In the State of New Registered Agent  8. Octoor, In the State of New Registered Agent  8. Octoor, In the State of New Registered Agent  9. Election Carnebigh Financing  9. S. Election Carnebigh Financing  9. S. Election Carnebigh Financing  9. S. Elect	2. Principal P	lace of Busir	ness	<b>3.</b> Ma	iling Address						110 18314 810	(† 881)  <b>6</b> 8111		BILITO THE BUILD FOR I	H 01111 0161 1001
Zip Country Zip Country S. Certificate of Status Desired Sec. 75. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Add	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
Zip Country Zip Country S. Certificate of Stana Desired P S6.75 Additional Repositional Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)    City FL   Zip Code	City & State	<del></del>		City	City & State				4 FELNumber						
Source Notes and Address of Current Registered Agent										14dii ibci	59-320	60286			
GOODMAN, RON 17921 CROOKED LN LUTZ FL 33549  City  City  FL  City  FL  Z D Code  City  FL  Signature May and Address of New Registered Agent and Each Explicable.  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE MAKE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS	Zip	Country Zip				Country			<b>5.</b> Cer	tificate of	Status De	esired		\$8.75 A	dditional
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Streat Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					•		Name					-			· · · · · · · · · · · · · · · · · · ·
LUTZ FL 33549  6. 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 lamillar with, and accept the obligations of registered agent, power or private named impaired agent and title if applicable.  **SIGNATURE**  **FILE NOW!! FEE IS S150.00 **After May 1, 2003 Fee will be \$550.00 **Make Check Payable to Florida Department of State**  10. OFFICERS AND DIRECTORS*  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **NAME**  **INEE**  **DODDMAN, RON DIRECTORS*  **OODMAN, RON DIRECTORS*  **OODMAN, RON DIRECTORS*  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **UTZ FL 33548  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **ONES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  **OFFICERS AND DIRECTORS TO THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE ADDITIONS/CHANGES	GOODMAN	I, RON			Ctroot Address			dalaaa /D	DO D. Alexandre						
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rigistered agent.    City   FL   Zip Code	17921 CR0	ooked LN			Street Address (			aaress (P.)	U. Box I	i reamuni	IS NOT ACC	eptable)			
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SIGNATURE    Signature   Sometime, triangle or printed name of ingitiered agent and title if applicable.   (NOTE Registered Agent reginature required when retrastancy)   DATE				3.4			-							•	
SIGNATURE    FILE NOW!!! FEE IS \$150.00   Addition   Speciation   Spec	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														
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	12. I hereby ce	rtify that the	information su	upplied with this filing o	does not qualify for the			d in Section	on 119 (	)7(3)(i) F	lorida Sta	itutes Ufo	rther certi	fy that the i	oformation

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 909-9600