

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90129 034 \*\*\*150.00

**DOCUMENT # P94000091942**

1. Entity Name  
**CU LIMITED, INC.**



Principal Place of Business  
**1667 SEA OATS DR  
ATLANTIC BCH FL 32233  
US**

Mailing Address  
**P.O. BOX 330907  
ATLANTIC BCH FL 32233-0907  
US**



2. Principal Place of Business

3. Mailing Address

**- Same**

**- Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Same**

**Same**

City & State

City & State

**Same**

**Same**

Zip

Country

Zip

Country

**32233**

**Usual**

**32233**

**Usual**

4. FEI Number **59-3289483**

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

**GODWIN, JAMES T  
1667 SEA OATS DR.  
ATLANTIC BEACH FL 32233**

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

*Jean O Godwin, President*

**1-16-03**

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
GODWIN, JAMES T  
P.O. BOX 330907 N/A  
ATLANTIC BEACH FL 32233**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GODWIN, JEAN O  
P.O. BOX 330907 N/A  
ATLANTIC BEACH FL 32233**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
STANLEY, MELODY G.  
1625 LINKSIDE DR N  
ATLANTIC BEACH FL 32233**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BLACK, CYNTHIA G  
301 N. 14TH ST.  
QUINCY FL 32351**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: JEAN O GODWIN REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-03**

Date

**904-246-3004**

Daytime Phone #

CR2E034 (10/02)