

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91021 012 ***150.00

DOCUMENT # P95000028245

1. Entity Name
GEORGE GOODY'S SECURITY CO., INCORPORATED



Principal Place of Business
8531 SW 5 ST BLD 6
#108
PEMBROKE PINES FL 33025

Mailing Address
8531 SW 5 ST BLD 6
#108
PEMBROKE PINES FL 33025



2. Principal Place of Business
960 SW 131 ST WAY
Suite, Apt. #, etc.

3. Mailing Address
960 SW 131 ST WAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number 65-0571689

Applied For
Not Applicable

Zip
33325-4133

Country
USA

Zip
33325-4133

Country
USA

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

GOODY, GEORGE
8480 SW 154 CIRCLE CT #911
MIAMI FL 33193

Name

Street Address (P.O. Box Number is Not Acceptable)

960 SW 131 ST WAY

City **DAVIE**

FL

Zip Code
33325-4133

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]*
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOODY, GEORGE**
STREET ADDRESS **8531 SW BLDG #108**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **960 SW 131ST WAY**
CITY-ST-ZIP **DAVIE FL 33325-4133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE
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: *[Signature]* **SIGNATURE REQUIRED PRESIDENT**

3-19-3 7544722003

Date

Daytime Phone #

CR2E034 (10/02)