

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90174 035 ***150.00

051042 AV

DOCUMENT # P95000078451

1. Entity Name
GOODWIN & ASSOCIATES, INC.

Principal Place of Business
5917 MANATEE AVENUE WEST
#101
BRADENTON FL 34209

Mailing Address
5917 MANATEE AVENUE WEST
#101
BRADENTON FL 34209

2. Principal Place of Business
3405 CORTEZ RD. W.

3. Mailing Address
3405 CORTEZ RD. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON, FL.

City & State
BRADENTON, FL.

4. FEI Number **65-0617581**

Applied For
Not Applicable

Zip **34210** **Country** **MANATEE**

Zip **34210** **Country** **MANATEE**

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

GOODWIN, JOYCE
5917 MANATEE AVE WEST
#101
BRADENTON FL 34209

Name

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

3405 CORTEZ RD. W.

City

BRADENTON, FL.

FL

Zip Code

34210

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 *Joyce A. Goodwin* *Joyce A. Goodwin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-7-02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOODWIN, JOYCE A**
STREET ADDRESS **1607-82ND ST**
CITY-ST-ZIP **BRADENTON FL**

☐ Change ☒ Addition
NAME
STREET ADDRESS **1607 82nd ST NW.**
CITY-ST-ZIP **34209**

TITLE **D** ☒ Delete
NAME **GOODWIN, JLYCE A**
STREET ADDRESS **1607 82ND**
CITY-ST-ZIP **BRADENTON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce A. Goodwin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02 941-739-8500

Date

Daytime Phone #

CR2E034 (9/01)