

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079909

1. Entity Name

GOODLOW & MCGRAW ENTERPRISES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90200 022 ***150.00

Principal Place of Business

Mailing Address

~~4594 OVERSEAS HIGHWAY~~
MARATHON FL 33050

~~4594 OVERSEAS HIGHWAY~~
MARATHON FL 33050-2332

2. Principal Place of Business

9583 Overseas Highway
Suite, Apt. #, etc.

3. Mailing Address

9583 Overseas Highway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARATHON

City & State

MARATHON

4. FEI Number

65-0627935

Applied For

Not Applicable

Zip

33050

Country

USA

Zip

33050

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

GOODLOW, SUZANNE

9583 ~~4594~~ OVERSEAS HIGHWAY
MARATHON FL 33050

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME GOODLOW, SUZANNE
STREET ADDRESS 4594 OVERSEAS HIGHWAY
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9583 Overseas Hwy
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: *Suzanne Goodlow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 743
1-11-2000 2333
Daytime Phone #

CR2E034 (9/99)