

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

DOCUMENT # P96000043440 1. Entity Name GOOD & ASSOCIATES, INC.			90073864
Principal Place of Business 5340 FURNESS CIR SARASOTA, FL 34241		Mailing Address 5340 FURNESS CIR SARASOTA, FL 34241	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-0682916		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOOD, WILLIAM J 5340 FURNESS CIR SARASOTA, FL 34241		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable. (NONE, Registered Agent is agent required unless otherwise stated.)</small>			
9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$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	D GOOD, WILLIAM J 5340 FURNESS CIR SARASOTA, FL 34241	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 in an attachment with an address, with all other like empowered.			
SIGNATURE: <u>William J. Good</u>		Date: <u>4-1-03</u> Phone: <u>770-257-2066</u>	



CHECK HERE IF MAKING CHANGES

CRE034 (10/02)