

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071098

1. Entity Name

GODWIN HEALTHCARE RESOURCES, INC.

FILED

Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90028 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1805 FAUST DRIVE  
ENGLEWOOD FL 34224

1805 FAUST DRIVE  
ENGLEWOOD FL 34224-8606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0689102

Applied For

Not Applicable

Zip

Country

Zip

Country

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, DENISE  
1805 FAUST DRIVE  
ENGLEWOOD FL 34224

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

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 P ☐ Delete  
NAME DENISE GODWIN  
STREET ADDRESS 1805 FAUST DR.  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE VP ☐ Delete  
NAME STEPHEN W GODWIN  
STREET ADDRESS 1805 FAUST DR.  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE S ☐ Delete  
NAME DENISE GODWIN  
STREET ADDRESS 1805 FAUST DR.  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE T ☐ Delete  
NAME SAYERS, LAURA  
STREET ADDRESS 13100 MCCALL RD., #145  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☒ Change ☐ Addition  
NAME 2163 EASY ST.  
STREET ADDRESS Port Charlotte, FL 33952  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DENISE GODWIN

3-12-00

941-371-8710

CR2E034 (9/99)