2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P96000079394** 1. Entity Name THE GOODMAN CO. SOUTHEAST, INC. 04-19-2000 90112 030 ***158.75 Mailing Address Principal Place of Business 777 SOUTH FLAGLER DRIVE STE 1101 EAST 777 SOUTH FLAGLER DRIVE STE 1101 EAST WEST PALM BEACH FL 33401-6161 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0701471 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NESTR 1 WITT, GARRY L 777 SOUTH FLAGLER DRIVE STE 1101 EAST WEST PALM BEACH FL 33401 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition ☐ Delete TITLE GEIST, MINNIE S NAME NAME STREET ADDRESS 777 S FLAGLER DR., SUITE 1101E STREET ADDRESS CITY-ST-78 CITY-ST-ZIP WEST PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TITI F SHEWALTER, WILLIAM A NAME NAME 777 S FLAGLER DR, SUITE 1101E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE SILVESTRI, LAWRENCE A NAME NAME STREET ADDRESS 777 S. FLAGLER DR. SUITE 1101E STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 🚰 other like empowered.

SIGNATURE:

CR2E034 (9/99