

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 011 ***550.00

DOCUMENT # P96000101345

1. Entity Name

G & G TRANSPORT CORPORATION OF FLORIDA

Principal Place of Business

5233 PELICAN BLVD.
CAPE CORAL FL 33914

Mailing Address

5233 PELICAN BLVD.
CAPE CORAL FL 33914

2. Principal Place of Business

1639 Cape Coral Parkway PO Box 100990
Suite, Apt. #, etc. Suite 204

3. Mailing Address

1639 Cape Coral Parkway PO Box 100990
Suite, Apt. #, etc. Suite 204

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33904

Country

USA

Zip

33910

Country

USA

4. FEI Number

65-0715033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, JAMES J
5233 PELICAN BLVD.
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name Goodman, James J
Street Address (P.O. Box Number is Not Acceptable) 1639 Cape Coral Parkway
Suite 204
City Cape Coral FL Zip Code 33904

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

James J. Goodman, Pres *Tamara Goodman, Pres* 9/12/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, TAMARA K	
STREET ADDRESS	5233 PELICAN BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, JAMES J	
STREET ADDRESS	5233 PELICAN BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodman, Tamara K	
STREET ADDRESS	1639 Cape Coral Parkway	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodman, James J	
STREET ADDRESS	1639 Cape Coral Parkway	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tamara Goodman 9-13-2000 941-540-7643
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)