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

## DOCUMENT #

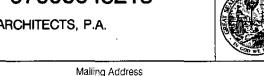
Principal Place of Business

1700 KATHRYN AVE

P97000045218

1. Entity Name

GOODWIN & GOODWIN, ARCHITECTS, P.A.



1700 KATHRYN AVE

**FILED** Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90123 016 \*\*\*150.00

IALLANASSEI	: FL 32308	TALLAMASSEE PL 32308				
2. Principal Place of Business		3. Mailing Address			U1416    1880    1480    1881    1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEi Number 59-3378684	Applied For Not Applicable	
Zip	Country	Zip	Country		3.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Age	ent	
GOODWIN, ROBERT T JR				Name Street Address (P.O. Box Number is Not Acceptable)		
1700 KATHRYN AVE						
TALLAHAS	SSEE FL 32308					
			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	Signature, typed of printed name of registered against		Segistered Agent signature requ	uired when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD GOODWIN, VALERIE S 1700 KATHRYN AVE TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change   Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODWIN, ROBERT T JR 1700 KATHRYN AVE TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>.</b> .	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
indicated of the cor	on this report or supplemental report is	s true and accurate and that mo owered to execute this report a	ly signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify ne same legal effect as if made under oath; that I am a 507, Florida Statutes; and that my name appears in Bl	an officer or director	