

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91151 050 ***150.00

DOCUMENT # P97000075778

1. Entity Name

GOODWIN ENGINEERING, INCORPORATED

Principal Place of Business

**4903 EBENSBERG DR.
TAMPA FL 33647**

Mailing Address

**4903 EBENSBERG DR.
TAMPA FL 33647**

2. Principal Place of Business

12832 Butler Bay Ct.

Suite, Apt. #, etc.

3. Mailing Address

12832 Butler Bay Ct.

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

Orange

City & State

Windermere, FL

Zip

34786

Country

Orange

4. FEI Number

59-3484037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOODWIN, MAURICE A
4903 EBENSBERG DR.
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

Goodwin, Maurice A.

Street Address (P.O. Box Number is Not Acceptable)

12832 Butler Bay Ct.

City

Windermere, FL

FL

Zip Code

34786

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, 2001 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GOODWIN, MAURICE A | |
| STREET ADDRESS | 4903 EBENSBERG DR. | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GOODWIN, TRACY L | |
| STREET ADDRESS | 4903 EBENSBERG DR. | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| 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 | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Goodwin, Maurice A. | |
| STREET ADDRESS | 12832 Butler Bay Ct. | |
| CITY-ST-ZIP | Windermere, FL 34786 | |
| TITLE | Vice-President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Goodwin, Tracy L. | |
| STREET ADDRESS | 12832 Butler Bay Ct. | |
| CITY-ST-ZIP | Windermere, FL 34786 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-2001 / 407-909-3054

CR2E034 (10/00)