

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099992

1. Entity Name

GOODMAN DESIGN, INCORPORATED

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90014 022 ***150.00

Principal Place of Business

Mailing Address

~~450 JEFFERSON DRIVE, #206~~
~~DEERFIELD BEACH FL 33442-9430~~

~~450 JEFFERSON DRIVE, #206~~
~~DEERFIELD BEACH FL 33442-9430~~

603876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

850 SW 19TH AVE

Suite, Apt. #, etc.

3. Mailing Address

850 SW 19TH AVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33486-5237

Country

USA

City & State

BOCA RATON FL

Zip

33486-5237

Country

USA

4. FEI Number

65-0800036

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, EARLE JAY
450 JEFFERSON DRIVE, #206
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

850 SW 19TH AVE

City

BOCA RATON

FL

Zip Code

33486-5237

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

1/9/01

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	GOODMAN, EARLE JAY	
STREET ADDRESS	450 JEFFERSON DRIVE, #206	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOODMAN, JAMES JOHN	
STREET ADDRESS	450 JEFFERSON DRIVE, #206	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	850 SW 19TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33486-5237	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	850 SW 19TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33486-5237	
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:

EARLE JAY GOODMAN, PRES.

Date

1/9/01

Daytime Phone #

561-750-7772

CR2E034 (10/00)