

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049011

1. Entity Name  
**FRED GOODROW & ASSOCIATES, INCORPORATED**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90028 016 \*\*\*150.00

Principal Place of Business  
2032 NE 5TH PLACE  
OCALA FL 34470

Mailing Address  
2032 NE 5TH PLACE  
OCALA FL 34470-6116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0932304**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODROW, FRED**  
**2032 NE 5TH PLACE**  
**OCALA FL 34470**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **President Fred Goodrow**  
STREET ADDRESS **2032 NE 5th Place**  
CITY-ST-ZIP **Ocala, FL 34470**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **Sec/Treas Margaret Goodrow**  
STREET ADDRESS **2032 NE 5th Place**  
CITY-ST-ZIP **Ocala, FL 34470**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 line empowered.

SIGNATURE: *Fred Goodrow* **Fred Goodrow** Date **4/17/00** Daytime Phone # **352-867-7637**

DUGGAN, JOINER & COMPANY  
CERTIFIED PUBLIC ACCOUNTANTS  
334 NORTHWEST THIRD AVENUE  
OCALA, FL 34475  
(352) 732-0171

DATE 4/10/00

FILING INSTRUCTIONS  
PROFIT CORPORATION ANNUAL REPORT

2000

FRED GOODROW & ASSOC INC

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ATTACH A CHECK PAYABLE TO DEPARTMENT OF STATE IN THE AMOUNT OF \$ 150.00.

DATE AND SIGN WHERE CHECKED IN RED. MAIL IN ATTACHED ENVELOPE ON OR BEFORE  
MAY 1. (NOTE-FEE FOR REPORTS FILED AFTER MAY 1 IS \$ 550.00)

RETAIN THE DUPLICATE COPY FOR YOUR RECORDS. PLEASE CONTACT US IF YOU HAVE  
ANY QUESTIONS.