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

## P99000073876 **DOCUMENT #**

1. Entity Name GOOD HON	IES ROAD, INC.						
Principal Place of Business 71 EAST CHURCH STREET 200		Mailing Address 71 EAST CHURO 200					
ORLANDO FL 328	01	ORLANDO FL 32					
2. Principal Place of Business		3. Mailing Addres					
Suite, Apt. #, etc.		Suite, Apt. #, e					
City & State		City & State	4. FEI Nur				
Zip	Country	Zip	Country	5. Certifica			
6	Name and Address of Ct	rrent Registered Agent		7. Name a			

## **FILED** Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90132 006 \*\*\*150.00

			`	WE .					
Principal Place of Business 71 EAST CHURCH STREET 200 ORLANDO FL 32801		Mailing Address 71 EAST CHURCH STREET 200 ORLANDO FL 32801				(		1 <b>111</b> 111 <b>1</b> 1 1 <b>1</b> 111	<b>18846 1</b> 404 4 <b>00</b> 4
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			1 5U-35UU537				oplied For
Country Zip			Country	<del></del>	5. (			8.75 Add	
6. Name and Address of Current Registered Agent			l		7. N	Name and Address of New Reg			:u
	3		Nam	e				90	
MACKINNON, ALEXANDER C 255 S ORANGE AVE, SUITE 800			Stree	Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801				на					
			City				FL	Zip Cod	
	ent for the purp	ose of changing its	registered offic	e or registe	red age	ent, or both, in the State of Florid	a. I am fa	amiliar with,	and accept
typed or printed name of registered	agent and title if app	licable. (NOTE	: Registered Agent si	gnature required	d when rei	instating)	DATE		
, 2003 Fee will be \$550	0.00	,		·		Election Campaign Finan     Trust Fund Contribution.	cing		May Be I to Fees
OFFICERS	AND DIRECTO	RS	11.		ADi	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11
CHURCH ST		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss :			·	☐ Change	☐ Addition
CHURCH ST		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss				☐ Change	Addition
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	•	☐ Delete	TITLE NAME STREET ADDRES					Change	☐ Addition
	Country  Name and Address of Cu  LEXANDER C  AVE, SUITE 800  2801  Lentity submits this statem registered agent.  Typed or printed name of registered agent.  Typed or printed name of registered agent.	Business  3. Ma  City  Country  Country  Zip  Name and Address of Current Registere  LEXANDER C  AVE, SUITE 800  2801  I entity submits this statement for the purpregistered agent.  I vyped or printed name of registered agent and title if app  DW!!! FEE IS \$150.00  , 2003 Fee will be \$550.00  ple to Florida Department of State  OFFICERS AND DIRECTO  STON, ROBERT W  CHURCH ST  INDO FL 32801	Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Name and Address of Current Registered Agent  LEXANDER C  AVE, SUITE 800 2801  Lentity submits this statement for the purpose of changing its registered agent.  Novel or printed name of registered agent and title if applicable.  Novel FEE IS \$150.00  2003 Fee will be \$550.00  Die to Florida Department of State  OFFICERS AND DIRECTORS  STON, ROBERT W  CHURCH ST  NDO FL 32801  Delete  Delete  Delete	Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  LEXANDER C  AVE, SUITE 800 2801  City  Lentity submits this statement for the purpose of changing its registered office registered agent.  Norte: Registered Agent in the purpose of changing its registered office registered agent.  Norte: Registered Agent in the purpose of changing its registered office registered agent.  Norte: Registered Agent in the purpose of changing its registered office registered agent.  Norte: Registered Agent in the purpose of changing its registered Agent in the purpose of changing its registered office registered agent.  Norte: Registered Agent in the purpose of changing its registered Agent in the	Mailing Address TREET  71 EAST CHURCH STREET 200 CRLANDO FL 32801  Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Name and Address of Current Registered Agent  LEXANDER C  AVE, SUITE 800 2801  City  Lentity submits this statement for the purpose of changing its registered office or registered agent.  In the purpose of changing its registered Agent signature require  Note: Registered Agent signature require  Note: Registered Agent signature require  City  LEXANDER C  AVE, SUITE 800  2801  City  Lentity submits this statement for the purpose of changing its registered office or registered agent.  (NOTE: Registered Agent signature require  Note: Registered Agent signature require  Note: Registered Agent signature require  Note: Registered Agent signature require  LEXANDER W  CHURCH ST  STON, ROBERT W  CHURCH ST  STON, ROBERT W  CHURCH ST  STON, ROBERT W  CHURCH ST  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  TO Delete  TITLE	Mailing Address TREET  T EAST CHURCH STREET 200 ORLANDO FL 32801  Business  3. Mailing Address Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  Name  LEXANDER C  AVE, SUITE 800  2801  City  City	Sinces   Mailing Address   71 EAST CHURCH STREET   200   ORLANDO FL 32801	Adding Address Tile East CHURCH STREET 200 ORLANDO FL 32801  Business  3. Mailing Address  Suite, Apt. #, otc.  City & State  City & State  Country  Sume and Address of Current Registered Agent  Country  Sure Address of Current Registered Agent  Tile Address of Current Registered Agent  City FL  Cit	Mailing Address TREET THEAST CHURCH STREET 200 ORLANDO FL 32801  Business 3. Mailing Address Suite, Apt. #, ctc.   CHECK HEBE IF MAKING CHANGES City & State Country Zip Country Zip Country Zip Country Sip Country Sip Country Sip Country Sip Country Size Suret Address of Current Registered Agent Name LEXANDER C AVE, SUITE 800 2801  City City FL Zip Cod City FL Zip

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SLAMABURE REQUIRED