

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096658

1. Entity Name
GODDEN CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90974 030 ***150.00

Principal Place of Business
~~117 FIFTH AVE~~ 113 FIFTH AVE
INDIALANTIC FL 32903

Mailing Address
~~117 FIFTH AVE~~ 9th AVE
INDIALANTIC FL 32903-3174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
113 5th AVE.
Suite, Apt. #, etc.

3. Mailing Address
113 5th AVE
Suite, Apt. #, etc.

City & State
INDIALANTIC FL

City & State
INDIALANTIC FL

Zip
32903

Country
USA.

Zip
32903

Country
USA.

4. FEI Number
36-4328531

Applied For
☐ Not Applicable

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

KELLY, ARTHUR S
3270 SUNTREE BLVD
MELBOURNE FL 32940

Name: TONY R. GODDEN
Street Address (P.O. Box Number is Not Acceptable)
436 9th AVE.
City INDIALANTIC FL Zip Code 32903

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

2/8/2000

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D GODDEN, TONY R 117 FIFTH AVE INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: TONY R. GODDEN 4-24-00 321-725-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)