

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90516 011 ***150.00

DOCUMENT # V36027

1. Entity Name
FLORIDA GUARDRAIL, INC.



Principal Place of Business
8201 FALCON CRANE WAY
SUITE A
WEST PALM BEACH FL 33411
US

Mailing Address
8201 FALCON CRANE WAY
SUITE A
WEST PALM BEACH FL 33411
US

2. Principal Place of Business
1200 Skees Road
Suite, Apt. #, etc.

3. Mailing Address
1200 Skees Road
Suite, Apt. #, etc.

City & State
West Palm Bch, Fl
Zip
33411
Country
us

City & State
West Palm Bch, Fl
Zip
33411
Country
us

4. FEI Number **65-0332212**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOFF, HOWARD F
8201 FALCON CRANE WAY
SUITE A
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name
Goff, Lorraine
Street Address (P.O. Box Number is Not Acceptable)
1200 Skees Road
City
West Palm Bch, FL
Zip Code
33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lorraine Goff* **1/8/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GOFF, LORRAINE J.**
STREET ADDRESS **8201 FALCON CRANE WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **D** ☒ Delete
NAME **GOFF, HOWARD F.**
STREET ADDRESS **8201 FALCON CRANE WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Thomas Beniamino**
CITY-ST-ZIP **1200 Skees Road**
West Palm Beach, Fl 33411

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Cathy Figueroa**
CITY-ST-ZIP **1200 Skees Road**
West Palm Bch, Fl 33411

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Edward McCann**
CITY-ST-ZIP **1200 Skees Road**
West Palm Bch, Fl 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine Goff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 **561-616-9991**
Date **Daytime Phone #**

0386910 AV

CR2E034 (10/02)