## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # V60411** 1. Entity Name GOODRICH INVESTMENT CORPORATION, INC. 04-26-2000 90146 009 \*\*\*150.00 Mailing Address Principal Place of Business 5301 AMBROSE CT. 5301 AMBROSE CT. TAMPA FL 33647-1010 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3142412 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUO, CHUNG TAO Street Address (P.O. Box Number is Not Acceptable) 5301 AMBROSE CT. **TAMPA FL 33647** Zip Code City FI 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. П Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Chance ☐ Delete TITLE TITLE KUO, CHUNG TAO NAME NAME STREET ADDRESS STREET ADDRESS 5301 AMBROSE CT. CITY-ST-2IF CITY-ST-ZIP TAMPA FL Change ☐ Addition TITLE ☐ Delete TITLE KUO, HSIEN CHIN WU NAME STREET ADDRESS STREET ADDRESS 5301 AMBROSE CT. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete \* Addition Change TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter for the corporation or the receiver of trustee employment with a paddyson with a long of the corporation of the corporat