

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90659 041 ***150.00

DOCUMENT # V60411

1. Entity Name
GOODRICH INVESTMENT CORPORATION, INC.



Principal Place of Business
**5301 AMBROSE CT.
TAMPA FL 33647**

Mailing Address
**5301 AMBROSE CT.
TAMPA FL 33647**



2. Principal Place of Business

3474 Rockcliff Pl

Suite, Apt. #, etc.

3. Mailing Address

3474 Rockcliff Pl

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Longwood, Florida

City & State

Longwood, Florida

4. FEI Number

59-3142412

Applied For

Not Applicable

Zip

Country

32779 Seminole

Zip

Country

32779 Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KUO, CHUNG TAO
5301 AMBROSE CT.
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

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

3474 Rockcliff Pl

City

Longwood

FL

Zip Code
32779

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

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D KUO, CHUNG TAO
STREET ADDRESS **5301 AMBROSE CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE NAME ☐ Delete
D KUO, HSIEN CHIN WU
STREET ADDRESS **5301 AMBROSE CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
3474 Rockcliff Pl
STREET ADDRESS
CITY-ST-ZIP **Longwood, FL 32779**

TITLE NAME ☒ Change ☐ Addition
3474 Rockcliff Pl
STREET ADDRESS
CITY-ST-ZIP **Longwood, FL 32779**

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

873-40103 9788095
2771655