

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610022

1. Entity Name

L. GOETZ & SONS, INC.

Principal Place of Business

5400 E. MICHIGAN ST.
ORLANDO FL 32812

Mailing Address

5400 E. MICHIGAN ST.
ORLANDO FL 32812-5364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1890422

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOETZ, LUDWIG, JR.
5400 W. MICHIGAN ST
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE PD
NAME GOETZ, LUDWIG, JR.
STREET ADDRESS 5400 E, MICHIGAN ST
CITY-ST-ZIP ORLANDO FL 32812



TITLE VP
NAME GEOFF, GOETZ
STREET ADDRESS 5400 E. MICHIGAN ST
CITY-ST-ZIP ORLANDO FL 32812



TITLE S
NAME GOETZ, CHET
STREET ADDRESS 5400 E MICHIGAN ST
CITY-ST-ZIP ORLANDO FL 32812



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



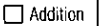
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



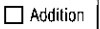
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
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 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:

Signature of Chet Goetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/00

Daytime Phone #

312-0375

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

04-17-2000 90039 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)