

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90106 032 ***158.75

DOCUMENT # 635824

1. Entity Name
GOBER ENTERPRISES, INC.



Principal Place of Business
**7501 PHILLIPS HWY
JACKSONVILLE FL 32256**

Mailing Address
**7501 PHILLIPS HWY
JACKSONVILLE FL 32256**

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 **59-1930081**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOBER, ROGER
2220 BEACHCOMBER TRAIL
ATLANTIC BEACH FL 32233**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
P
GOBER, ROGER
STREET ADDRESS **2220 BEACHCOMER TRAIL**
CITY-ST-ZIP **ATLANTIC BEACH FL 33233**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
T
NEWCOMBE, KEITH
STREET ADDRESS **4555 BEACON DRIVE WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE NAME Change Addition
VICE PRESIDENT
STREET ADDRESS **KEITH NEWCOMBE**
CITY-ST-ZIP **304 ISLAND GREEN DR**
ST AUGUSTINE, FL 32082

TITLE NAME Delete
S
WALKER, ROBERT
STREET ADDRESS **8844 ST. LUCIA COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE NAME Change Addition
TREASURER
STREET ADDRESS **ROBERT WALKER**
CITY-ST-ZIP **8844 ST. LUCIA CT.**
JACKSONVILLE, FL 32216

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
SECRETARY
STREET ADDRESS **SUSAN T. HENDERSON**
CITY-ST-ZIP **395 SATURIBA DR.**
ATLANTIC BEACH, FL 32233

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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

1/15/03
Date

904-296-1356
Daytime Phone #

CR2E034 (10/02)