

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J21569

1. Entity Name
CENTRAL FLORIDA STREET SIGNS, INC.

R

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90012 006 ***150.00

Principal Place of Business
280 WALNUT STREET
ORMOND BCH. FL 32174

Mailing Address
280 WALNUT STREET
ORMOND BCH. FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2689221

Applied For

Not Applicable

Zip

Country

Volusia

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOFF, EDWARD J
280 WALNUT STREET
ORMOND BCH. FL 32174

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. Edward J. Goff

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME GOFF, EDWARD J
STREET ADDRESS 280 WALNUT STREET
CITY-ST-ZIP ORMOND BCH. FL 32174 ☐ Delete

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

TITLE T
NAME GOFF, MICHAEL D
STREET ADDRESS 133 GRANADA STREET
CITY-ST-ZIP ROYAL PALM BEACH FL 33441 ☒ Delete

TITLE T
NAME CAROL A. GOFF
STREET ADDRESS 1335 FLEMING AVE LOT #1
CITY-ST-ZIP ORMOND BEACH, FL. 32174 ☒ Change ☐ Addition

TITLE VP
NAME VAN ZILE, DORA
STREET ADDRESS P.O. BOX 39
CITY-ST-ZIP MILLSBORO DE 19966 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2000

904-673-4731

Daytime Phone #

CR2E034 (5/00)

J21564

A006927

Susan B. Glass, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT

(904) 253-0706
(904) 253-9583 FAX

346 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114-4920

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

July 13, 2000

Dear Sirs,

Enclosed please find a check for \$150. This check is for the 2000 annual report, which is being filed late. Please consider abatement of the \$400 penalty for late filing. The taxpayer moved during the year and the initial notice was not received. This was the first year that the taxpayer filed this report and was not aware of the filing deadline. The tax preparer was unaware that the filing had not been mailed.

Thank you in advance for your consideration regarding this matter. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Susan B. Glass

Susan B. Glass, C.P.A.