

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90143 040 ***150.00



DOCUMENT # J21569
1. Entity Name
CENTRAL FLORIDA STREET SIGNS, INC.

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

Zip Country

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	GOFF, SR., EDWARD J	
STREET ADDRESS	290 WALNUT ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOFF, WILLIAM J	
STREET ADDRESS	1275 SCOTTSDALE DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOFF, MICHAEL	
STREET ADDRESS	RR2 BOX P1-6	
CITY-ST-ZIP	HAZELTON PA 18202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOFF, SR., PATRICK	
STREET ADDRESS	778 RT 318	
CITY-ST-ZIP	WATERLOO NY 13165	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOFF, JR., EDWARD J	
STREET ADDRESS	2401 KINGSVIEW CIRCLE	
CITY-ST-ZIP	SPRING VALLEY CA 91977	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOFF, THOMAS	
STREET ADDRESS	2970 VIRGINIA ST.	
CITY-ST-ZIP	ATWATER CA 95301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Edward J. Goff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2003 Date 386-673-4731 Daytime Phone #

CR2E034 (10/02)