

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91294 041 ***150.00

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DOCUMENT # K70396

1. Entity Name
GODBEY ENTERPRISES, INC.



Principal Place of Business
**8445 BAILEY DR.
CLERMONT FL 34711
US**

Mailing Address
**8445 BAILEY DR.
CLERMONT FL 34711
US**

11023760



2. Principal Place of Business

3. Mailing Address

8445 Bailey DR
Suite, Apt. #, etc.

8445 Bailey DR
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Clermont, Florida

City & State
Clermont, Florida

4. FEI Number **59-2964216**

Applied For
 Not Applicable

Zip
34711

Country
LAKE

Zip
34711

Country
LAKE

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

**GODBEY, JAMES LARRY
8445 BAILEY DR
CLERMONT FL 34711**

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: _____ (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 Delete
NAME **D GODBEY, JAMES LARRY**
STREET ADDRESS **8445 BAILEY DR**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D GODBEY, MARITZA RAFAELA**
STREET ADDRESS **8445 BAILEY DR**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *James L. Godbey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2003 (352) 429-5007
Date Daytime Phone #

CR2E034 (10/02)