

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 025 ***150.00

DOCUMENT # P00000007285

1. Entity Name
HGH ASSOCIATES, INC.



Principal Place of Business
**1626 CAMDEN AVENUE
JACKSONVILLE, FL 32207**

Mailing Address
**1626 CAMDEN AVENUE
JACKSONVILLE, FL 32207**

41010020

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

56-1288678

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

**WHITEFIELD, B. THOMAS
4040 WOODCOCK DRIVE
SUITE 202
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **C.W. Goff, Jr.**
Street Address (P.O. Box Number Is Not Acceptable)
1626 CAMDEN AVE
City **Jacksonville** FL Zip Code **32207**

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] **C.W. Goff, Jr.**

4/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when missing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

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

TITLE **D** ☐ Delete
NAME **GOFF, CYNTHIA**
STREET ADDRESS **4338 PHILLIPS PLACE**
CITY-STATE-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Delete
NAME **GOFF, C W JR.**
STREET ADDRESS **4338 PHILLIPS PLACE**
CITY-STATE-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Delete
NAME **MATTESON, CHRISTINE**
STREET ADDRESS **916 OLD GROVE MANOR**
CITY-STATE-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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] **C.W. Goff, Jr.**

4/21/03

(904) 396-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)