

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90396 001 \*\*\*300.00

**DOCUMENT # P01000013914**

**1. Entity Name**  
**BELINDA GOFF CLEANING, INC.**



**Principal Place of Business**  
**1062 HOLLAND STREET**  
**MELBOURNE FL 32935**

**Mailing Address**  
**POST OFFICE BOX 120342**  
**W MELBOURNE FL 32912-0342**



**2. Principal Place of Business**  
**5525 Sand Lake Dr**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Melbourne FL**

**City & State**

**4. FEI Number 59-3559521**

Applied For

Not Applicable

**Zip**  
**32934**

**Country**  
**US**

**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**

**GOFF, BELINDA**  
**1062 HOLLAND STREET**  
**MELBOURNE FL 32935**

**7. Name and Address of New Registered Agent**

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** *Belinda Goff*

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

(NOTE: Registered Agent signature required when reinstating)

**1/30/02**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ Delete  
**NAME** **GOFF, BELINDA**  
**STREET ADDRESS** **1062 HOLLAND STREET**  
**CITY-ST-ZIP** **MELBOURNE FL 32935**

**TITLE** **VD** ☐ Delete  
**NAME** **GOFF, ROBERT**  
**STREET ADDRESS** **1062 HOLLAND STREET**  
**CITY-ST-ZIP** **MELBOURNE FL 32935**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **Belinda Goff**  
**STREET ADDRESS** **5525 Sand Lake Dr**  
**CITY-ST-ZIP** **Melbourne FL 32934**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME** **Robert Goff**  
**STREET ADDRESS** **5525 Sand Lake Dr**  
**CITY-ST-ZIP** **Melb FL 32934**

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

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

**TITLE** ☐ Change ☐ Addition  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/02** **321-288-2296**

CR2E034 (10/02)