

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 038 ***150.00

DOCUMENT # P01000092133 ✓

1. Entity Name

Charles A. Goff, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6560 Huntington Lakes Cir

Suite, Apt. #, etc.

#202

City & State

Naples FL

Zip

34119

Country

USA

3. Mailing Address

6560 Huntington Lakes Cir

Suite, Apt. #, etc.

#202

City & State

Naples FL

Zip

34119

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0564248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Charles A. Goff

Street Address (P.O. Box Number is Not Acceptable)

6560 Huntington Lakes Cir

#202

City

Naples

FL

Zip Code
34119

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D/P/S/T
NAME CHARLES A. GOFF
STREET ADDRESS 6560 HUNTINGTON LAKES CIR #202
CITY - ST - ZIP NAPLES, FL 34119

TITLE D
NAME ANN PORTER GOFF
STREET ADDRESS 6560 HUNTINGTON LAKES CIR #202
CITY - ST - ZIP NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. GOFF

4.27.02

Date

Daytime Phone #

941

593-0282

CR2E034B (12/01)