

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91452 038 ***150.00

DOCUMENT # *P01000092133*

1. Entity Name

Charles A. Goff, P.A.



DO NOT WRITE IN THIS SPACE

90127762

2. Principal Place of Business
6560 Huntington Lakes Circle

3. Mailing Address
6560 Huntington Lakes Circle

Suite, Apt. #, etc.
#202

Suite, Apt. #, etc.
#202

City & State
Naples

City & State
Naples

Zip
34119

Country
USA

Zip
34119

Country
USA

4. FEI Number 010564248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Charles A. Goff

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

6560 Huntington Lakes Circle #202

City Naples

FL Zip Code 34119

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 a registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, President, Secretary, Treasurer
Goff, Charles A.
6560 Huntington Lakes Circle #202
NAPLES FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Goff, Ann Porter
6560 Huntington Lakes Circle #202
NAPLES FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with an other like employment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)