

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90142 012 \*\*\*150.00

**DOCUMENT # P94000008853**

1. Entity Name  
**T. & C. GODBY ENTERPRISES, INC.**



Principal Place of Business  
**885 STATE RD 436**  
**CASSELBERRY FL 32707**  
**US**

Mailing Address  
**885 STATE RD 436**  
**CASSELBERRY FL 32707**  
**US**



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 **59-3222659**

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

7. Name and Address of New Registered Agent

**GODBY, TIMM**  
**410 CONSERVATORY COVD**  
**LAKE MARY FL 32746**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**GOOBY, TIMM**  
**410 CONSERVATORY COVE**  
**LAKE MARY FL**

☐ Delete

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-31-03**

**407-831-6334**

CR2E034 (4/03)

Attachment

**FASTSIGNS**  
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885 State Rd. 436  
Casselberry, FL 32707  
Phone (407) 831-6334  
FAX (407) 831-5055  
e-mail 56@fastsigns.com

10/10/28

#P94000008853

Date: July 31, 2003

To Whom It May Concern:

This memo is to request waiver of late fee for our annual Corporate registration. We have been in business for 9 years and have always paid our registration on time however this year we did not receive our registration form and missed the deadline of May 1.

Please accept our enclosed registration form and payment of the \$150 registration fee.

If you have any questions please call me at 407-831-6334.

Regards,



Timm A. Godby  
President