

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034538

1. Entity Name

BILL GOFF & SON, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90137 017 ***150.00

Principal Place of Business

Mailing Address

6902 OAKMORE LANE
ORLANDO FL 32818

6902 OAKMORE LANE
ORLANDO FL 32712-5483

2. Principal Place of Business

4355 Golden Gem Rd
Suite, Apt. #, etc.

3. Mailing Address

4355 Golden Gem Rd
Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32712

Country

Orange

Zip

32712

Country

Orange

4. FEI Number

59-3240619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOFF, WILLIAM L
6902 OAKMORE LANE
ORLANDO FL 32818

Name William L. Goff

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

4355 Golden Gem Rd

City Apopka

FL

Zip Code 32712

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 *William L. Goff*

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOFF, WILLIAM L	
STREET ADDRESS	6902 OAKMORE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	GOFF, MARSHA K	
STREET ADDRESS	6902 OAKMORE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goff, William L	Address
STREET ADDRESS	4355 Golden Gem Rd	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goff, Marsha K	Address
STREET ADDRESS	4355 Golden Gem Rd	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William L. Goff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

407-880-7699

Daytime Phone #

CR2E034 (9/99)