2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000085072 1. Entity Name GOFF HOME & BUILDING SERVICES, INC.

Mar 17, 2000 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing A	ddress							
1825 OHIO AVE NE ST PETERSBURG FL 33703		, -	1825 OHIO AVE NE ST PETERSBURG FL 33703-1746							
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2. Principal Place of Business		3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & S	City & State		4. FE	59-3532786			olied For Applicable	
Zip	Country	Zip		Country	5. C	ertificate of Status Desired		75 Addi Required		
	6. Name and Address of Current	Registered A	Agent		7. Na	ame and Address of New Registe	ered Agent			
, -				Name					[
GOF	F, GERALD			Street Address	e (PO Bo	ox Number is Not Acceptable)			<u>-</u>	
	OHIO AVE NE									
ST P	PETERSBURG FL 33703									
				City			FL Z	ip Code		
8. The above	named entity submits this statement for	or the purpose	of changing its reg	gistered office or regis	stered age	nt, or both, in the State of Florida.				
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CICALATUDE		}							i	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicab	ole (NOTE. R	egistered Agent signature requ	uited when rein	nstating)	ATE			
9. This corpo	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.	· A	FILE NOW!!! fter MAY 1, 2000	egistered Agent signature required FEE IS \$150.00 Fee will be \$550.00 to Department of S	0	nstating) 10. Election Campaign Financing Trust Fund Contribution.		\$5.00 Added	May Be to Fees	
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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 supplier lengther port 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 trusted 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 a provided like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Autr<u>icii</u> IGNING OFFICER OR DIRECTOR