

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000108282**

1. Entity Name

Goff's Consulting, Inc**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 021 ***150.00

Principal Place of Business

**4980 S. Ferdon Blvd
Crestview, FL 32536**

Mailing Address

**4980 S. Ferdon Blvd
Crestview, FL 32536**

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

59-3549331

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

018150

6. Name and Address of Current Registered Agent

**Rick L. Goff
4980 S. Ferdon Blvd
Crestview, FL 32536**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/009. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete**President
Rick L. Goff
4980 S. Ferdon Blvd
Crestview, FL 32536**TITLE ☐ Delete**Secretary
Susan M. Goff
4980 S. Ferdon Blvd
Crestview, FL 32536**TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Goff

Date

2/22/00

Daytime Phone #

850-682-8635

CR2E034 (9/99)