

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90069 014 ***150.00

DOCUMENT # P99000000673

1. Entity Name
GODFREY DESIGN & ADVERTISING INC.



Principal Place of Business
**710 - 94TH AVE NORTH
#308
ST. PETERSBURG FL 33702**

Mailing Address
**710 - 94TH AVE NORTH
#308
ST. PETERSBURG FL 33702**



2. Principal Place of Business
**275 96th AVE NORTH
Suite, Apt. #, etc.
7**

3. Mailing Address
**275 96th AVE NORTH
Suite, Apt. #, etc.
7**

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number **65-0901378**

Applied For
Not Applicable

Zip
33702

Country

Zip
33702

Country

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

6. Name and Address of Current Registered Agent

**PIPER, JAN J
669 FIRST AVENUE NORTH
ST. PETERSBURG FL**

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PD** ☐ Delete
NAME **GODFREY, GEOFFREY R**
STREET ADDRESS **710 - 94TH AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **TS** ☐ Delete
NAME **O'KEEFE, PAUL S**
STREET ADDRESS **710 - 94TH AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Geoffrey R Godfrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 727
Date Daytime Phone #

CR2E034 (10/02)