

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000034826**

1. Entity Name

**NORTHERN EXPOSURE LANDSCAPE CONSTRUCTION INC.**

Principal Place of Business

**32 SUNNY SHORE DR  
ORMOND BEACH FL 32176**

Mailing Address

**32 SUNNY SHORE DR  
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GOFF, KEITH S  
1247 S. BEACH ST. #1086  
DAYTONA BEACH FL 32114**

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 in 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, 2001 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

TITLE ☐ Delete**P-  
GOFF, KEITH  
32 SUNNYSORE DR  
ORMOND BEACH FL 32176**TITLE ☐ Delete**VP  
BIENWORTH, JOHN  
854 WILLOW RUN  
ORMOND BEACH FL 32174**TITLE ☐ Delete**S  
GOFF, LINDA  
32 SUNNYSORE DR  
ORMOND BEACH FL 32176**TITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ 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

4-30-01 904-441-5455

Date Daytime Phone #

4-30-01 " "

CR2E034 (10/00)

001012

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90230 039 \*\*\*150.00

00000412



DO NOT WRITE IN THIS SPACE