

FILED


03 APR 22 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P99000045649

1. Entity Name
THE GOAL POST, INC.



Principal Place of Business
7123 N ROME AVENUE
TAMPA, FL 33604

Mailing Address
7123 N ROME AVENUE
TAMPA, FL 33604

800016679168
04/22/03--01057--009 **185.00

2. Principal Place of Business
1735 W Hillsborough
Suite, Apt. #, etc.

3. Mailing Address
1735 W Hillsborough
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33603

Country
HILLSBOROUGH

Zip
33603

Country
HILLSBOROUGH

4. FEI Number
59-3588802

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DUARTE, JUDY
7123 N ROME AVENUE
TAMPA, FL 33604

7. Name and Address of New Registered Agent
Name
JUDY DUARTE
Street Address (P.O. Box Number is Not Acceptable)
1735 W Hillsborough
City
TAMPA FL Zip Code
33603

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 Judy Duarte DATE _____

(NOTE: Registered Agent's signature required when re-appointing)

FILE NOW!!! FEES: \$150.00
- May 1, 2003 Fee will be \$80.00
- 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DUARTE, JUDY	7123 N ROME AVE	TAMPA, FL 33604	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	JUDY DUARTE	1735 W Hillsborough	TAMPA FL 33603	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judy Duarte DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)