2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED **DOCUMENT # V33321** May 19, 2000 8:00 am Secretary of State 1. Entity Name GOFF CARPET SERVICE, INC. 05-19-2000 90050 034 ***150.00 Mailing Address Principal Place of Business 4115 NORTH FORBES ROAD 4115 NORTH FORBES ROAD PLANT CITY FL 33565 PLANT CITY FL 33565-4947 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 59-3188319 AHASSFF Nee F/A Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent The market to the GOFF, EVELYN (P.O. Box Number is Not Acceptable) 4115 NORTH FORBES ROAD PLANT CITY FL 33565 in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or register ~FILE NOW!!! FEE IS-\$150.00~ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE 800 NN GOF# 1988 431 A GOFF, EVELYN NAME NAME 4115 NORTH FORBES RD. STREET ADDRESS STREET ADDRESS PLANT CITY: FL CITY-ST-ZIP CITY-ST-ZIP; ☐ Addition ☐ Delete TITLE TITLE GOFF. STEVE NAME STREET ADDRESS 4115 NORTH FORBES RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PLANT CITY FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 a address with all other like empowered.

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