

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83550

1. Entity Name

GOOD-LET INVESTMENTS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90106 034 ***150.00

Principal Place of Business

1100 5TH AVE SO.
 201
 NAPLES FL 33940
 US

Mailing Address

1100 5TH AVE. SO
 201
 NAPLES FL 34102-6407
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0202453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION COMPANY OF MIAMI~~
 % SHUTTS & BOWEN
 201 S BISCAYNE BLVD
 MIAMI FL 33131

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT JOHN A. WANKLYN 1100 5TH AVE SO #201 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CONNOR, SYLVIA 1486 NORTHGATE DRIVE NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DEPAUW, ANJA 4921 22ND AVE SE NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

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

JOHN A. WANKLYN

4-25-00

Date

941-649-5445

Daytime Phone #