

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91218 013 ***150.00

DOCUMENT # F02000001993

1. Entity Name
GOOD BUY, LTD. INC.



Principal Place of Business
**1042 E. JEFFERSON ST.
COLORADO SPRINGS CO 80907**

Mailing Address
**8 PINE SHADOW TR.
ORMOND BEACH FL 32174**

11005488



2. Principal Place of Business

327 Parque
Suite, Apt. #, etc.
2

3. Mailing Address

8 Pine Shadow TR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ormond Beach FL

City & State
Ormond Beach FL

4. FEI Number **84-0851154**

Applied For
☐ Not Applicable

Zip **32174** Country **Volusia**

Zip **32174** Country **Volusia**

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

6. Name and Address of Current Registered Agent

**ALBERT, BARTON F.
8 PINE SHADOW TR.
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name **ALBERT, BARTON F.**
Street Address (P.O. Box Number is Not Acceptable)
8 Pine Shadow Trail
City **Ormond Beach** **FL** Zip Code **32174**

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

4/17/03

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 **CP** ☐ Delete
NAME **ALBERT, BARTON F**
STREET ADDRESS **1042 E. JEFFERSON ST.**
CITY-ST-ZIP **COLORADO SPRINGS CO 80907**

TITLE **S** ☒ Delete
NAME **ALBERT, MORI B**
STREET ADDRESS **8 PINE SHADOW TR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

NOTED FOR REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/03 386-679-4466

CR2E034 (10/02)