

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01433

1. Entity Name

GOOD HEALTH ASSOCIATES, INC.

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90077 049 ***150.00

Principal Place of Business

Mailing Address

4902 EISENHOWER BLVD #297
P.O. BOX 7061
TAMPA FL 33673

4902 EISENHOWER BLVD #297
P.O. BOX 7061
TAMPA FL 33673-7061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2904 Bay To Bay Blvd
Suite, Apt. #, etc.

P.O. Box 7061
Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number 59-2419449

Applied For

Not Applicable

Zip 33629

Country Hillsborough

Zip 33673

Country Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODDEN, MITCHELL
2904 SAN NICHOLAS
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

2904 Bay To Bay Blvd

City

Tampa

FL

Zip Code

33629

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	DP	<input type="checkbox"/> Delete
NAME	BODDEN, MITCHELL	
STREET ADDRESS	2904 SAN NICHOLAS	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell Bodden	
STREET ADDRESS	2904 Bay To Bay Blvd	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

3/13/00 813 805 9835