

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47372

1. Entity Name

GOOD DEAL INVESTMENTS, INC.

FILED

00 JUN 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00063641

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1505 S. Tamiami Trail Suite 405 Venice, FL 34292	Mailing Address 1505 S. Tamiami Trail Suite 405 Venice, FL 34292
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2. Principal Place of Business 1314 E. Venice Ave. Suite, Apt. #, etc. Suite D	3. Mailing Address 1314 E. Venice Ave. Suite, Apt. #, etc. Suite D
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City & State Venice, Florida	City & State Venice, Florida	4. FEI Number 65-0089933	Applied For Not Applicable
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Zip 34292	Country USA	Zip 34292	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

Michael D./Horlick
1505 S. Tamiami Trail
Suite 405
Venice, Florida 34292

7. Name and Address of New Registered Agent

Name
Michael D. Horlick

Street Address (P.O. Box Number is Not Acceptable)
1314 E. Venice Avenue

Suite D

City Venice FL Zip Code 34292

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 *Michael D. Horlick* DATE 5/30/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Michael D. Horlick 604 Apalachicola Road Venice, FL 34285 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT John W. Mulkin, Jr. 37 Sunset Drive, #73 Sarasota, FL 34236 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TS
06-12-2000 90042.009 150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael D. Horlick* DATE 5/30/00 (941) 484-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael D. Horlick, Director

CR2E034 (9/99)