

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 039 ***150.00

DOCUMENT # *P02000100107*

1. Entity Name

MY GOOD VIBES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ORANGE CITY FL

3. Mailing Address

P.O. Box 740762

Suite, Apt. #, etc.

P.O. Box 740762

Suite, Apt. #, etc.

City & State

ORANGE CITY FL

City & State

ORANGE CITY FL

4. FEI Number

51-0427927

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD RODGERS

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

674 E. WISCONSIN AVE.

City

ORANGE CITY

FL

Zip Code

32763

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/3

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>PRESIDENT</i>
NAME	<i>RICHARD RODGERS</i>
STREET ADDRESS	<i>674 E. WISCONSIN AVE.</i>
CITY - ST - ZIP	<i>ORANGE CITY FL 32763</i>
TITLE	<i>VICE PRESIDENT</i>
NAME	<i>MARIG RODGERS</i>
STREET ADDRESS	<i>674 E. WISCONSIN AVE.</i>
CITY - ST - ZIP	<i>ORANGE CITY FL 32763</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/3

Date

386 775 0255

Daytime Phone #

CR2E034B (12/02)