2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000124571 **DOCUMENT #**

1. Entity Name

GOOD NIGHT SOLUTIONS, INCORPORATED

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FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90064 032 ***150.00

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2. Principal Place of Business 3. Mailing Address Sufe, Apr. #, etc. Suite, Apr. #, etc. Check Here in MAKING CHANGES City 6. State Check Here in Making CHANGES Zip Country Zip Country S. Certificate of Status Desired Sea, 75 Aprilication Sea, 75 Aprilic	3026 LAKEWOOD DRIVE 30			OOD DRIVE		-				
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S. Name and Address of Current Registered Agent Fee Required Name Name Name Name Name Street Address (R.O. Box Number is Not Acceptable) City FL Zip Cooc 1. The above named onlity 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 chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggstone of registe	7in Country 7in			T c	ountry			•		
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SNYDER, ERIC 3026 LAKEWOOD DRIVE WESTON FL 33332 City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWI!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridat Department of State 10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE SIFET ADDRESS OTY-ST-2P TILE MAKE MAKE SIFET ADDRESS OTY-ST-2P TILE		6. Name and Address of Current	Registered Age	nt	Nome			egistered A	jent	
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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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signulus, bysed or preset name of registered agent and the 4 applicable. (NOTE: Registered Apent signature registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. DATE	-		Street Address	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and feel a noticiable. MOTE Registered Agent agreement requires required name references.	WESTON	FL 33332							_	
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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 a laddress, with all other like empowered.

SIGNATURE:

UERGRENYLEDED ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR