

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007103

1. Entity Name

GOOD TV INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90114 020 ***150.00

Principal Place of Business

Mailing Address

1219 W HARVARD ST
ORLANDO FL 32804

7345 SAND LAKE RD
STE 411
ORLANDO FL 32819-5282
US

2. Principal Place of Business

7345 Sandlake Rd Suite 411

3. Mailing Address

7345 Sand Lake Rd

Suite, Apt. #, etc.

Suite 411

City & State

Orlando, Florida

Zip

32819-5282

Country

USA

City & State

Orlando, Florida

Zip

32819-5282

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3294255

Applied For

Not Applicable

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

MCLEOD, W E
201 SOUTH ORANGE AVE
SUITE 1010
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	PALMER, JEFF	
STREET ADDRESS	1219 W HARVARD ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALMER, THERESA	
STREET ADDRESS	1219 W HARVARD ST	
CITY-ST-ZIP	ORLANDO FL 32804	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, JEFF	
STREET ADDRESS	7501 FENWICK COVE LN.	
CITY-ST-ZIP	ORLANDO, FL. 32819	
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:

Jeff Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00
Date

467 370-2333
Daytime Phone #

CR2E034 (9/99)