

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000048419**

1. Entity Name

**GOOD DAY ENTERPRISES, INC.****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90049 048 \*\*\*150.00

Principal Place of Business	Mailing Address
4740 SOUTH FLORIDA AVE. LAKELAND FL 33813	4740 SOUTH FLORIDA AVE. LAKELAND FL 33813-2181

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3381393	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BURKEY, JOHN D 4740 SOUTH FLORIDA AVE. LAKELAND FL 33813

7. Name and Address of New Registered Agent
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	
TITLE	S <input type="checkbox"/> Delete
NAME	BURKEY, JOHN D
STREET ADDRESS	1400 GRASSLANDS BLVD APT 66
CITY-ST-ZIP	LAKELAND FL
TITLE	PVP <input type="checkbox"/> Delete
NAME	TRINKLEIN, TRACY J
STREET ADDRESS	5416 OVERLOOK POINT
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	T <input type="checkbox"/> Delete
NAME	TRINKLEIN, PAUL A
STREET ADDRESS	5416 OVERLOOK POINT
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	S <input type="checkbox"/> Delete
NAME	BURKEY, JOHN D.
STREET ADDRESS	1400 GRASSLANDS BLVD., APT. 66
CITY-ST-ZIP	LAKELAND FL
TITLE	PVP <input type="checkbox"/> Delete
NAME	TRINKLEIN, TRACY J.
STREET ADDRESS	5416 OVERLOOK POINT
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	T <input type="checkbox"/> Delete
NAME	TRINKLEIN, PAUL A.
STREET ADDRESS	5416 OVERLOOK POINT
CITY-ST-ZIP	LAKELAND FL 33813

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tracy Trinklein 1/18/00 863-648-4504