

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90011 005 ***150.00

0378866

DOCUMENT # P96000048419

1. Entity Name
GOOD DAY ENTERPRISES, INC.

Principal Place of Business 4740 SOUTH FLORIDA AVE. LAKELAND FL 33813	Mailing Address 4740 SOUTH FLORIDA AVE. LAKELAND FL 33813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3381393		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BURKEY, JOHN D 4740 SOUTH FLORIDA AVE. LAKELAND FL 33813				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKEY, JOHN D			NAME			
STREET ADDRESS	1400 GRASSLANDS BLVD APT 66			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	PVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRINKLEIN, TRACY J			NAME			
STREET ADDRESS	5416 OVERLOOK POINT			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRINKLEIN, PAUL A			NAME			
STREET ADDRESS	5416 OVERLOOK POINT			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKEY, JOHN D.			NAME			
STREET ADDRESS	1400 GRASSLANDS BLVD., APT. 66			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	PVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRINKLEIN, TRACY J.			NAME			
STREET ADDRESS	5416 OVERLOOK POINT			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRINKLEIN, PAUL A.			NAME			
STREET ADDRESS	5416 OVERLOOK POINT			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813			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: Tracy Trinklein Tracy Trinklein 1/18/00 863-648-4504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)