

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3381393

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

BURKEY, JOHN D  
4740 SOUTH FLORIDA AVE.  
LAKELAND FL 33813

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, 2001 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  
NAME BURKEY, JOHN D  
STREET ADDRESS 1400 GRASSLANDS BLVD APT 66  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE PVP  
NAME TRINKLEIN, TRACY J  
STREET ADDRESS 5416 OVERLOOK POINT  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE T  
NAME TRINKLEIN, PAUL A  
STREET ADDRESS 5416 OVERLOOK POINT  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE S  
NAME BURKEY, JOHN D.  
STREET ADDRESS 1400 GRASSLANDS BLVD., APT. 66  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE PVP  
NAME TRINKLEIN, TRACY J.  
STREET ADDRESS 5416 OVERLOOK POINT  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE T  
NAME TRINKLEIN, PAUL A.  
STREET ADDRESS 5416 OVERLOOK POINT  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy Trinklein

Date

Daytime Phone #

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

01-20-2001 90011 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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