

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059569

1. Entity Name

GOOD N/AND PLENTY, INC.

Principal Place of Business

Mailing Address

600 5TH AVE SOUTH
STE 212
NAPLES FL 34102
US

600 5TH AVE SOUTH
STE 212
NAPLES FL 34102-6625
US

2. Principal Place of Business

3084 TAMiami TRAIL N.

Suite, Apt. #, etc.

3. Mailing Address

300 5th AVENUE SOUTH

Suite, Apt. #, etc.

205

City & State

NAPLES FLORIDA

Zip

34103

Country

USA

City & State

NAPLES FLORIDA

Zip

34102

Country

USA

4. FEI Number

59-3457844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, DOUGLAS
600 5TH AVE S.
STE 212
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name DOUGLAS CLARKE

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

300 5th AVENUE SOUTH

SUITE 205

City

NAPLES

FL

Zip Code

34102

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 P ☐ Delete

NAME CLARKE, DOUGLAS G.
STREET ADDRESS 600 5TH AVE-SOUTH #212
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER ☒ Change ☐ Addition

NAME DOUGLAS G. CLARKE
STREET ADDRESS 300 5th AVENUE SOUTH, SUITE #205
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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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

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90099 005 ***150.00



DO NOT WRITE IN THIS SPACE