

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100261

1. Entity Name
OUR GOOD LIFE, INC.



FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90005 024 ***150.00

Principal Place of Business

735 27TH AVE. S.W.
VERO BEACH FL 32968

Mailing Address

668 CONCHA DRIVE
SEBASTIAN FL 32958-6602

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 65-0818790

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

KALINNA, CHERYL D
668 CONCHA DRIVE
SEBASTIAN FL 32958-6602

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 \$550.00
After SEPTEMBER 13, 2000. Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KALINNA, CHERYL D
668 CONCHA DRIVE
SEBASTIAN FL 32958-6602 ☐ Delete

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

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

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:

CHERYLADJKA KALINNA 7-11-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-770-2002

Daytime Phone #

CR2E034 (5/00)

Attachment # P97000100261
DWM830

8/1/2000

To Whom It may Concern:

I am writing to inform you that I never received the first/original Uniform Business Report form. I spoke to Robin at 850-488-9000 who suggested that I write an explanation and send it with the initial amount required. She also explained that if I don't receive next year's form by February 14 that I should contact your office. I have been prompt in returning my forms in the past and am asking for your consideration in this matter.

I can be contacted at 561-770-2002 if you have further questions.

Thank you in advance for your kind assistance.

Sincerely,

A handwritten signature in cursive script, reading "Cheryl Kalinna". The signature is fluid and elegant, with a large initial 'C'.

Cheryl Kalinna