

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065708

1. Entity Name

IT'S GOODSTUFF, INC.

Principal Place of Business

Mailing Address

1248 Ponte Vedra Blvd.
Ponte Vedra, FL 32082

1248 Ponte Vedra Blvd.
Ponte Vedra, FL 32082

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

59-3532261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Hall, Charles E. Jr.
77 Almeria Street
St. Augustine, FL 32084

Name Hall, Charles E. Jr.

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

77 Almeria Street

City St. Augustine

FL

Zip Code 32084

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 if not 2001 applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/4/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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 PVST Clark, Trudy M. ☐ Delete
NAME 1248 Ponte Vedra Blvd.
STREET ADDRESS Ponte Vedra, FL 32082
CITY-ST-ZIP

TITLE 300005449643-2 ☐ Change ☐ Addition
NAME -05/03/02--01044--023
STREET ADDRESS *****150.00 *****150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(l), 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:

Trudy M. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD75034 141/001