2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080641

1. Entity Name

A GOOD NAME, INC.

Mailing Address Principal Place of Business 1746 FAIRVIEW SHORES DR. 1746 FAIRVIEW SHORES DR. CDL11100 FL 32804-1132 ORLANDO FL 32804-1132 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Zíp Country Zip Country 6. Name and Address of Current Registered Agent MCDUFFIE, DAVID L 1746 FAIRVIEW SHORES DR. ORLANDO FL 32804-1132 8.

FILED
Jan 13, 2000 8:00 am
Secretary of State
Jan 13, 2000 8:00 am Secretary of State

01-13-2000 90008 023 ***150.00



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired		\$8.75 Additional Fee Required				
7. Name and Address of New Registered Agent						

DATE

59-3535448

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

City	 		FL	Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criter	ia on back)	Make Check Payable	to Department of Sta	ate	Trade Grid Gold Ballon		
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUFFIE, DAVID L 1746 FAIRVIEW SHORES DR. ORLANDO FL 32804-1132	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	Addition
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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: