2002 UNIFORM BUSINESS REPORT (UBR)

Marta Missing Signature and Typed on Printed NAM

Mar 06, 2002 8:00 am Secretary of State P98000080641 DOCUMENT # 1. Entity Name A GOOD NAME, INC. 03-06-2002 90022 022 ***150.00 Principal Place of Business Mailing Address 1746 FAIRVIEW SHORES DR. 1746 FAIRVIEW SHORES DR. ORLANDO FL 32804-1132 ORLANDO FL 32804-1132 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3535448 Not Applicable \$8.75 Additional Country Zìp Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDUFFIE, DAVID L Street Address (P.O. Box Number is Not Acceptable) 1746 FAIRVIEW SHORES DR. ORLANDO FL 32804-1132 Zin Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete MCDUFFIE. DAVID L NAME NAME STREET ADDRESS 1746 FAIRVIEW SHORES DR. STREET ADDRESS ORLANDO FL 32804-1132 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MCDUFFIE, MARTA M NAME STREET ADDRESS 1746 FAIRVIEW SHORES DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804-1132 CITY-ST-7IP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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.

FILED