

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106311

1. Entity Name

GOODING'S GOODIES INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90038 041 ***150.00

Principal Place of Business

Mailing Address

7110 S. DIXIE HWY.
WEST PALM BEACH FL 33405

7110 S. DIXIE HWY.
WEST PALM BEACH FL 33461-3128

2. Principal Place of Business

2475 10TH AVE

3. Mailing Address

2475 10TH AVE NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33461

Country

Palm Bch

Zip

33461

Country

Palm Bch

4. FEI Number

65-0354715

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

GOODING, THOMAS

7110 S. DIXIE HWY.

WEST PALM BEACH FL 33405

Name

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

2475 10TH AVE NO

City LAKE WORTH

FL

Zip Code 33461

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GOODING, THOMAS | |
| STREET ADDRESS | 1312 COCHRAN DR | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | GOODING, ESTEE | |
| STREET ADDRESS | 1312 COCHRAN DR | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas E. Gooding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 561-432-4663

Date

Daytime Phone #

CR2E034 (9/99)