

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000028864**

1. Entity Name

EVERYTHING'S ALLGOOD, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90214 016 ***150.00

Principal Place of Business

Mailing Address

**625 SWARTHMORE DR.
DELAND FL 32724****625 SWARTHMORE DR.
DELAND FL 32724****765830**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 N Woodland Blvd**100 N Woodland Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1**#1**City & State
DeLand FLCity & State
DeLand FL4. FEI Number **59-3581427**

Applied For

Not Applicable

Zip
32720Country
USAZip
32720Country
USA5. 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

**DITSLEAR, CHRISTOPHER R
108 W. RICH AVE.
DELAND FL 32720**Name **MATTHEW H Allgood**Street Address (P.O. Box Number is Not Acceptable)
625 Swarthmore DrCity **DELAND**

FL

Zip Code
32724

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

MATTHEW H Allgood**4/28/01**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	ALLGOOD, MATTHEW H	
STREET ADDRESS	625 SWARTHMORE DR.	
CITY-ST-ZIP	DELAND FL 32724-8446	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLGOOD, CAROLANN	
STREET ADDRESS	625 SWARTHMORE DR.	
CITY-ST-ZIP	DELAND FL 32724-8446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW H Allgood

Date

4/28/01

Daytime Phone #

386 9438833

CR2E034 (10/00)