2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050109

1. Entity Name
GOOD SEASONS, INC.

FILED
00 JUN 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
702 OAKS PLANTATION DR
JACKSONVILLE, FL 32211

Mailing Address

2. Principal Place of Business	3. Mailing Address
10991 SAN JOSE BLVD	10991 SAN JOSE BLVD
Suite, Apt. #, etc. #33	Suite, Apt. #, etc. #33
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32257 Country DUVAL	Zip 32257 Country DUVAL

DO NOT WRITE IN THIS SPACE ac 6/30

4. FEI Number 59-3645009 ☐ 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
SIMON CHAN	Name
10991 SAN JOSE BLVD #33	Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE, FL 32257	City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIMON CHAN	NAME	
STREET ADDRESS	10991 SAN JOSE BLVD #33	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500003310435--2
STREET ADDRESS		STREET ADDRESS	-07/03/00--01003--002
CITY-ST-ZIP		CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Simon Chan — 6/26/00 — (407) 474-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment Doc# P99000050109

for filing Purposes only -

June 26 00

P99000050109

FILED
JUN 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: DEPARTMENT of STATE
DIVISION of CORPORATIONS
P.O. BOX 6327
Tallahassee, FL 32314
ATTN: Anna Chesnut

REF: GOOD SEASONS Inc ANNUAL BUSINESS Report
FEE for 2000

DEAR ANNA CHESNUT,

I am enclosing a check of #150.00 for the annual fee of 2000. I did not receive the original annual business report as it was mailed to 702 Oak Plantation Dr. Jacksonville FL 32211. The mail could have been lost. Please waive the penalty for late filing for reasons that I did not have control over. I would not be late for future years. I have changed the mailing address to 10991 San Jose Blvd #33 Jacksonville FL 32257. I would receive any future mails. Thank You for your co-operation.

Sincerely,