UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90048 025 ***158.75

DOCUMENT # P99000110713

1. Entity Name
GOOD NEWS DUDEZ INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4906 HOPESPRING DRIVE	4906 HOPESPRING DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL 32829	City & State: ORLANDO FL 32829
Zip / Country: USA	Zip / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3621149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, PA

Street Address (P.O. Box Number is Not Acceptable): 1840 CORAL WAY, FOURTH FLR

City: MIAMI Zip Code: 33145

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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, FRED JR
STREET ADDRESS	4906 HOPESPRING DRIVE
CITY-ST-ZIP	ORLANDO FL 32829
TITLE	SVD xDELETE
NAME	FOREMAN, KAREN
STREET ADDRESS	4963 TANGERINE AVENUE
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	VID
NAME	ROBINSON, CARLA
STREET ADDRESS	4906 HOPESPRING DRIVE
CITY-ST-ZIP	ORLANDO FL 33829
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NAME	
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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 on an attachment with an address, with all other like empowered.

Fred Robinson, Jr. 4/30/02 407 282-1558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #