

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48944

1. Entity Name

FEELING GOOD, INC.

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

03-21-2000 90099 002 ***150.00

Principal Place of Business

1057 HILLSBORO MILE
#622
HILLSBORO BEACH FL 33062
US

Mailing Address

POB 24
DEERFIELD BCH FL 33062-2131
US

2. Principal Place of Business

3. Mailing Address

1057 Hillsboro Mile

Suite, Apt. #, etc.

Suite, Apt. #, etc.

622

City & State

City & State

Hillsboro Beach FL

Zip

Country

Zip

Country

33062

U.S.A

4. FEI Number

65-0343127

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

AUERBACH, ROBERT A
1890 UNIVERSITY DR
STE 306
CORAL SPRINGS FL 33071

Name

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

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

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | PLETZKE, LUZ | |
| STREET ADDRESS | 11855 CLASSIC DR | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PLETZKE LUZ | |
| STREET ADDRESS | 1057 Hillsboro Mile #622 | |
| CITY-ST-ZIP | Hillsboro Beach FL 33065 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 links empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-00

Date

954-783-3380

Daytime Phone #

CR2E034 (9/99)