

FILED
Jul 10, 2003 8:00 am
Secretary of State

06-27-2003 90054 034 ***150.00
07-10-2003 90121 009 ***400.00

**603 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F96000004695**

1. Entity Name
GOOD SHEPHERD LEASING CORPORATION



Principal Place of Business
**10065 CORTEZ BLVD
BROOKSVILLE FL 34613**

Mailing Address
**10065 CORTEZ BLVD
BROOKSVILLE FL 34613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3280065**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IDICULA, JOSEPH
10065 CORTEZ BLVD
BROOKSVILLE FL 34613**

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and this fee

(NOTE: Registered Agent signature required when submitting)

6-20-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
☐ \$5.00 (May Be Added to Fees)
☐ Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/1/2002

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
IDICULA, JOSEPH
6015 PATRICIA PLACE
SPRING HILL FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
IDICULA, AGNES
6015 PATRICIA PLACE
SPRING HILL FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ERLER, ANITA I
6015 PATRICIA PLACE
SPRING HILL FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LAUBACH, ANJOLIE
6015 PATRICIA PLACE
SPRING HILL FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-20-03