

02-03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 13 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109329

1. Entity Name

Goshen Rentals, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4211 MAYFAIR LANE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

PORT ORANGE FL

Zip

32129

Country

USA

City &amp; State

Zip

Country

4. FEI Number

59-3757634

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name VICTORIA R Gambino

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

4211 MAYFAIR LANE

City

PORT ORANGE

FL

Zip Code

32129

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

Victoria R. Gambino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME VICTORIA R GAMBINO  
STREET ADDRESS 4211 MAYFAIR LANE  
CITY-ST-ZIP PORT ORANGE FL 32129

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Victoria R. Gambino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA R GAMBINO

4-16-03

Date

Daytime Phone #

386-  
788-5206

CR2E034B (12/02)

j 5/20