APR-24-03 11:59 AM HOLDER & CO 8

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91300 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075329

1. Entity Name
Good News Mortgage & Financial Services, Inc.

DO NOT WRITE IN THIS SPACE

11024083

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2804 Land O Lake Blvd.	2804 Land O Lakes Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Land O Lake, FL	City & State: Land O Lakes, FL
Zip: 34639 Country: Pasco	Zip: 34639 Country: Pasco

4. FEI Number: 82-0554655 ☐ 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: John Deskurakis

Street Address (P.O. Box Number is Not Acceptable): 25133 Seven Rivers Cir

City: Land O Lakes, FL Zip Code: 34639

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

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

$150.00 XX

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

10. OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rita Zemetres 17815 Simmons Rd Lutz, FL 33548
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Deskurakis 25133 Seven Rivers Cir Land O Lakes, FL 34639
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ronald Zemetres 17815 Simmons Rd Lutz, FL 33548
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CR2E034B (1/2002)

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: John Deskurakis - Director 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #