

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003012

1. Entity Name

GOOD NEWS SERVICES, INC.

Principal Place of Business

467 SILVER DEW STREET  
LAKE MARY FL 32746

Mailing Address

467 SILVER DEW STREET  
LAKE MARY FL 32746

2. Principal Place of Business

10 Lone Pine Way

3. Mailing Address

10 Lone Pine Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Colorado Springs, CO

City & State

Colorado Springs, CO

Zip  
80919

Country  
USA

Zip  
80919

Country  
USA

4. FEI Number 59-3301253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURNER, C M  
467 SILVER DEW STREET  
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name  
LINDA PARKS - C/o Parks, Teschopp & Whitcomb  
Street Address (P.O. Box Number is Not Acceptable)  
2600 MAITLAND CENTER PARKWAY  
Suite 330  
City  
MAITLAND FL Zip Code  
32751

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 LINDA PARKS - CPA

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, C M 467 SILVER DEW STREET LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10 Lone Pine Way Colorado Springs, CO 80919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: C M Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/  
**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90139 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2ED34 (10/00)

1-30-2001 (719) 599-5747