

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 91001 010 \*\*\*150.00

**DOCUMENT# P99000015606**

1. Entity Name  
**GOOD CREDIT LENDING, INC.**

Principal Place of Business  
**402 4TH TERRACE**  
**PALM BEACH GARDENS FL 33418**

Mailing Address  
**402 4TH TERRACE**  
**PALM BEACH GARDENS FL 33418**

2. Principal Place of Business  
**7289 GARDEN ROAD**

3. Mailing Address  
**7289 GARDEN ROAD**

Suite, Apt. #, etc.  
**SUITE 109**

Suite, Apt. #, etc.  
**SUITE 109**

City & State  
**RIVIERA BEACH, FL**

City & State  
**RIVIERA BEACH, FL**

Zip  
**33404**

Country  
**USA**

Zip  
**33404**

Country  
**USA**

4. FEI Number **65-0899316**

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**

**BLATT, PETER**  
**505 S FLAGLER STE 1100**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
**D**  
**DONOHUE, PAUL JR**  
**402 4TH TERRACE**  
**PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
**D**  
**MOHAN, LALWANI**  
**4920 SAND BUNE CIR. #203**  
**WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/2001** **541 848-1140**  
 Date Daytime Phone #

CR2E034 (10/00)