

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90107 036 ***158.75

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1. Entity Name
GOOD CREDIT LENDING, INC.



Principal Place of Business
**7289 GARDENS RD
SUITE 109
RIVIERA BEACH FL 33404**

Mailing Address
**7289 GARDENS RD
SUITE 109
RIVIERA BEACH FL 33404**



2. Principal Place of Business

3. Mailing Address

7289 Garden Rd

7289 Garden Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 118

Suite 118

City & State

City & State

Riviera Beach FL

Riviera Beach FL

Zip

Zip

33404

33404

Country

Country

☒ CHECK HERE IF MAKING CHANGES

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

**EAVENSON, BRADLEY
1645 PALM BEACH LAKES BLVD, SUITE 550
WEST PALM BEACH FL 33401**

Name **Paul DONOHUE**

Street Address (P.O. Box Number is Not Acceptable)
402 4TH TERRACE

City **PAUMBLCH GARDENS FL** Zip Code **33410**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-03

**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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DONOHUE, PAUL JR**
STREET ADDRESS **402 4TH TERRACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ Change ☒ Addition
NAME **STEVE GRANDIZIO**
STREET ADDRESS **141 Carpenter St**
CITY-ST-ZIP **Philadelphia PA 19147**

TITLE **D** ☒ Delete
NAME **LAZWANI, MOHAN**
STREET ADDRESS **4928 SABLE PINE CIR #9220**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ Change ☒ Addition
NAME **RAYMOND PREMURASO**
STREET ADDRESS **4101 Beech Avenue**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Matt Curran**
STREET ADDRESS **408 4th CT**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 PAUL DONOHUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-03

561 906 6045

CR2E034 (10/02)