

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0589551  
 AT

**DOCUMENT # F01000003195**

1. Entity Name  
**LOAN AMERICA, INC.**

03-14-2002 90022 037 \*\*\*150.00

Principal Place of Business  
**7 DUNWOODY PARK, SUITE 104  
 ATLANTA GA 30338**

Mailing Address  
**7 DUNWOODY PARK, SUITE 104  
 ATLANTA GA 30338**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**58-2493831**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_  
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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFORT, MATHEW</b>	
STREET ADDRESS	<b>7 DUNWOODY PARK, SUITE 104</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30338</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, C.E.</b>	
STREET ADDRESS	<b>7 DUNWOODY PARK, SUITE 104</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30338</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BERTE, MICHAEL R</b>	
STREET ADDRESS	<b>7 DUNWOODY PARK, SUITE 104</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30338</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *C.E. Harrison* **C.E. Harrison** **3/14/02** **(770) 673-0024**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)