


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90853 049 \*\*\*150.00

**DOCUMENT # K55240**  
1. Entity Name  
**RELIANT LENDING CORP OF AMERICA, INC.**



Principal Place of Business  
1499 FOREST HILL BLVD., SUITE 110  
WEST PALM BEACH, FL 33406 US

Mailing Address  
1499 FOREST HILL BLVD., SUITE 110  
WEST PALM BEACH, FL 33406 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2922317** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HELMS, STEVEN V**  
7300 WINTER ST  
BROOKSVILLE, FL 34613

7. Name and Address of New Registered Agent  
Name **Douglas Solether**  
Street Address (P.O. Box Number Is Not Acceptable)  
**1499 Forest Hill Blvd Ste #110**  
City **West Palm Beach, FL** Zip Code **33406**

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 *Douglas Solether* **Doug Solether** DATE **2/25/03**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>HELMS, PEGGY L</b> <b>8037 SIMMONS ST</b> <b>BROOKSVILLE, FL 34613</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BARBARA Solether</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1499 Forest Hill Blvd, Ste #110</b> <b>Forest West Palm Beach FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HELMS, STEVEN V</b> <b>7300 WINTER ST</b> <b>BROOKSVILLE, FL 34613</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SOLETER, DOUGLAS</b> <b>1499 FOREST HILL BLVD., SUITE 110</b> <b>WEST PALM BEACH, FL 33406</b>	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Douglas Solether* **Douglas Solether** DATE **2/25/03** 561-966-3884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CR2E034 (10/02)