

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

FILED

03 OCT 17 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046013
1. Entity Name
THE LOAN SURGEON INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 FAIRWAY DR
Suite, Apt. #, etc.
SUITE 108
City & State
Deerfield Beach FL

3. Mailing Address
600 FAIRWAY DR
Suite, Apt. #, etc.
SUITE 108
City & State
Deerfield Beach FL

Zip 33441 Country BROWARD Zip 33441 Country BROWARD

600023905286
10/17/03--01045--006--\$150.00
REINSTATEMENT 07
DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0587488 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
SHAWN CARVIN
Street Address (P.O. Box Number is Not Acceptable)
6239 N.W. 42ND COURT
City CORAL SPRINGS FL Zip Code 33067

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$450.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD SHAWN CARVIN 6239 N.W. 42ND COURT CORAL SPRINGS FL 33067</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/13/03 Daytime Phone # _____

9/10/22

**THE LOAN SURGEON, INC
600 FAIRWAY DR
DEERFIELD BEACH, FL SUITE 108
(954) 421-9114**

October 12, 2003

Dear Sir or Madam:

Please accept this check for \$ 150.00 to file the 2003 annual business report. We changed accountants recently and the new accountant informed us the the uniform business report was not filed. He checked the address with the secretary of state and discovered the address was not changed with your office. The previous accountant did not inform us that a uniform business report was due. The original document did not reach our office because of the address change.

Thank you for your cooperation in this matter


Sean Carvin