

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91043 002 ***150.00

FORM 11

DOCUMENT # P99000102900

1. Entity Name
FIRSTRUST MORTGAGE & LENDING CORP.



Principal Place of Business
**801 N. CONGRESS AVE. #905
BOYNTON BEACH FL 33426**

Mailing Address
**801 N. CONGRESS AVE. #905
BOYNTON BEACH FL 33426**



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 **65-0965904**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**O'SULLIVAN, SHAWN M
801 N CONGRESS AVE
#905
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **4/18/03**

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

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

<input checked="" type="checkbox"/> E	TITLE DPST	<input checked="" type="checkbox"/> Delete
NAME DICKINSON, BRADLEY		
STREET ADDRESS 801 N. CONGRESS AVE., #905		
CITY-ST-ZIP BOYNTON BEACH FL 33426		
<input checked="" type="checkbox"/> D	TITLE D	<input checked="" type="checkbox"/> Delete
NAME O'SULLIVAN, BRADLEY		
STREET ADDRESS 801 N. CONGRESS AVE., #905		
CITY-ST-ZIP BOYNTON BEACH FL 33426		
<input type="checkbox"/> D	TITLE D	<input type="checkbox"/> Delete
NAME WIVOLIN, HEIDI		
STREET ADDRESS 801 N. CONGRESS AVE. #905		
CITY-ST-ZIP BOYNTON BEACH FL 33426		
<input type="checkbox"/> D	TITLE	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<input type="checkbox"/> D	TITLE	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input checked="" type="checkbox"/> X	TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'SULLIVAN, SHAWN		
STREET ADDRESS 801 N. Congress Ave., #905		
CITY-ST-ZIP Boynton Beach, FL 33426		
<input type="checkbox"/> X	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<input type="checkbox"/> X	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **4/18/03** (561) 742-4496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)