

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90147 002 ***150.00

DOCUMENT #

F000000000992

1. Entity Name

Vertical Lend, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suit Vertical Lend Inc. DBA
Mortgage Warehouse
City 3 Huntington Quad
Zip Melville, NY 11747

etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3332289

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

201 Hays Street

Dallahassee

City

FL

Zip Code
32301DO NOT WRITE
IN THIS SPACE

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 maintaining)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO David Peskin 3 Huntington Quad Melville, N.Y. 11747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres / COO Kenneth Peskin 3 Huntington Quad Melville, N.Y. 11747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/22/02 (631) 454-6023

Date

Daytime Phone

CR2E034B (12/01)