

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90237 049 ***150.00

DOCUMENT # F00000003907

1. Entity Name
JTW LENDING, INC.



Principal Place of Business
**9040 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418**

Mailing Address
**9040 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business
321 NORTHLAKE BLVD.

3. Mailing Address

Suite, Apt. #, etc.
114

Suite, Apt. #, etc.

City & State
NORTH PALM BEACH, FL

City & State

4. FEI Number **65-0902084**

Applied For
Not Applicable

Zip **33408** Country **PALM BEACH**

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

**WHELIHAN, JOSEPH T
9040 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS FL 33418**

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 *JOSEPH T. WHELIHAN*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/20/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPT** ☐ Delete
NAME **WHELIHAN, JOSEPH T**
STREET ADDRESS **9040 CYPRESS HOLLOW DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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:

JOSEPH T. WHELIHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 842 4445

CR2E034 (10/02)