

2002 UNIFORM BUSINESS REPORT (UBR)

0614870 AT

DOCUMENT # F01000004451

1. Entity Name

T-LOAN CORP.

FILED

02 MAR 13 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1168

Principal Place of Business

3575 CAHUENGA BLVD WEST #320
LOS ANGELES CA 90068

Mailing Address

3575 CAHUENGA BLVD WEST #320
LOS ANGELES CA 90068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4872686

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALIST, INC.

1391 E. LAFAYETTE ST., STE F

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

FLORIDA COMPLIANCE SPECIALISTS, INC

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

2331 HANSEN PLACE

City

TALLAHASSEE

FL

Zip Code

32301

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

Dave Taylor, President

3/13/02

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 PD
NAME CLAIR, RON L *CHANGE TO:* ☐ Delete
STREET ADDRESS 3575 CAHUENGA BLVD
CITY-ST-ZIP LOS ANGELES CA

TITLE VSTD
NAME LACUESTA, CHARMAINE ☒ Delete
STREET ADDRESS 3575 CAHUENGA BLVD
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME LECLAIR, RON
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600005109926--9
STREET ADDRESS -03/15/02--01025--016
CITY-ST-ZIP *****150.00 *****150.00

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

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

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

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

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 Block 12 if changed, 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

Row LECLAIR 1 MAR-2002 800 996-1761

Date

Daytime Phone #

CR2E034 (9/01)