2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SIGNATURE;

F01000006365

Mailing Address

1. Entity Name

STATEWIDE FINANCIAL LENDING SERVICES, INC.



FILED Jun 02, 2003 8:00 am Secretary of State 06-02-2003 90202 007 ***150.00

	lace of Business Reyer Avenue #, etc.	3. Mailing Address Suite, Apt. #, etc. City,& State	re Aldry E	Svd	★ CHECK HERE IF M 4. FEI Number 23-3022036	AKING CHANGES	plied For	
Frig	odelphia, HA	Orlango			25-5022000		t Applicable	
19115	5 Country	Zip 32825	-Country		5. Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
VIAMONTE 13815 FAI ORLANDO	Street Address (P.O. Box Number is Not Acceptable)							
			City	~-/c	anda	FL Zip Code	2 5	
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 Signature, types of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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 Financi Trust Fund Contribution.	☐ Added	May Be to Fees	
10. *	P OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICER			র
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12. I hereby c indicated of the corr changed.	ertify that the information supplied with to on this report or supplemental report is to obration or the receiver or trustee empor or on an attachment with an address were	his filing does not qualify for rue and accurate and that vered to execute this report to all other like empowered.	the exemption stated ny signature shall have as required by Chapte	in Sect the sa r 607, F	ion 119.07(3)(i), Florida Statutes. I furthme legal effect as if made under oath; Florida Statutes; and that my name app	ner certify that the in that I am an officer bears in Block 10 or	or director Elock 11 if	

attachment

80123877 DO#F01000006365

May 30, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Statewide Financial, Inc. Tax I.D. #23-3022036

To whom it may concern:

Enclosed please find our annual report to be filed with your office. I am writing to request that the corporation be permitted to file the annual report at this time without imposition of the late filing fee.

Statewide Financial, Inc., d/b/a Statewide Financial Lending Services, Inc., is an s-corporation in which I am the sole officer. In Florida, I run the business out of my home and am the only employee. I am responsible for all of the business functions of the corporation, as well as, the administrative functions.

Recently, my father was diagnosed with M-6 leukemia. Since April of this year, I have been able to work only on a very limited basis due to my father's medical condition. Responsibility for handling his medical evaluations and treatments, much of which have been out of state, has become my responsibility and has taken priority. Unfortunately, because I have no staff, I have been unable to delegate any of the responsibilities I have at the corporation. The late filing of this report has been an oversight on my part for which I apologize.

I have enclosed the report with the annual fee. I would request that the late fee be waived and will await your response to this request.

Sincerely,

Rene Viamontes

President