

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90072 007 ***150.00

U1/12B
 AB

DOCUMENT # F01000006593

1. Entity Name
123LOAN CORPORATION



Principal Place of Business

23101 LAKE CENTER DRIVE
STE 200
LAKE FOREST CA 92630

Mailing Address

23101 LAKE CENTER DRIVE
STE 200
LAKE FOREST CA 92630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23046 Avenida de la Corbata Same as #2

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

33-0989189

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(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 **P** ☐ Delete
NAME **EATON, EDWARD F**
STREET ADDRESS **626A CLUBHOUSE DRIVE**
CITY-ST-ZIP **NEWPORT BEACH CA**

TITLE **VD** ☐ Delete
NAME **WOLFE, TERRANCE J**
STREET ADDRESS **22391 BAY BERRY**
CITY-ST-ZIP **MISSION VIEJO CA**

TITLE **S** ☒ Delete
NAME **MARTIN, DALE A**
STREET ADDRESS **5 MARSEILLE**
CITY-ST-ZIP **LAGUNA NIGUEL CA**

TITLE **V** ☐ Delete
NAME **KO, LI-KIN**
STREET ADDRESS **12 AZALEA**
CITY-ST-ZIP **IRVINE CA**

TITLE **T** ☐ Delete
NAME **CAUGHMAN, DOREEN R**
STREET ADDRESS **1302 CALLE ALCAZAR**
CITY-ST-ZIP **SAN CLEMENTE CA**

TITLE **V** ☐ Delete
NAME **GROE, ROBIN**
STREET ADDRESS **14 BIG DIPPER COURT**
CITY-ST-ZIP **NEWPORT BEACH CA**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **S** ☐ Change ☒ Addition
NAME **WOLF, TERRANCE J**
STREET ADDRESS **22391 BAY BERRY**
CITY-ST-ZIP **MISSION VIEJO CA**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

949-380-1575

Daytime Phone #

CR2E034 (9/01)