

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001637

1. Entity Name

FIDELITY FIRST LENDING, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90047 014 ***150.00

Principal Place of Business	Mailing Address
11000 BROKEN LAND PKWY THIRD FLOOR COLUMBIA MD 21044	11000 BROKEN LAND PKWY THIRD FLOOR COLUMBIA MD 21044-3541

2. Principal Place of Business	3. Mailing Address
10811 Red Run Blvd. Suite, Apt. #, etc. Suite 200	10811 Red Run Blvd. Suite, Apt. #, etc. Suite 200

City & State	City & State
Owings Mills, Maryland	Owings Mills, Maryland

Zip	Country	Zip	Country
21117	USA	21117	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
52-2025202	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	VCB			<input checked="" type="checkbox"/>
	SACHS, STEWART	11000 BROKEN LAND PKWY 3RD FL	COLUMBIA MD 21044	
	PVPD			<input type="checkbox"/>
	LYONS, BENJAMIN	11000 BROKEN LAND PKWY 3RD FL	COLUMBIA MD 21044	
	VT			<input type="checkbox"/>
	RAKER, JAMES W	11000 BROKEN LAND PKWY 3RD FL	COLUMBIA MD 21044	
	D			<input type="checkbox"/>
	KOCOUREK, ALBERT C	11000 BROKEN LAND PKWY 3RD FL	COLUMBIA MD 21044	
	PCD			<input type="checkbox"/>
	MAUM, ROBERT	11000 BROKEN LAND PKWY 3RD FL	COLUMBIA MD 21044	
	S			<input checked="" type="checkbox"/>
	SHARON, BETSY H	11000 BROKEN LAND PKWY 3RD FL	COLUMBIA MD 21044	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

03-21-00 4104231224