

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90146 042 \*\*\*550.00

**DOCUMENT # F98000000997**  
 1. Entity Name  
**PSB LENDING CORP.**

Principal Place of Business  
**2740 N. DALLAS PARKWAY**  
**SUITE 250**  
**PLANO TX 75093**

Mailing Address  
**2740 N. DALLAS PARKWAY**  
**SUITE 250**  
**PLANO TX 75093**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **33-0715601**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PARACORP INCORPORATED**  
**236 EAST 6TH AVENUE**  
**TALLAHASSEE FL 32303**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Paul J. Weber, Secretary* DATE *8/27/02*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete SDT HASHAWAY, BOBBY 2740 N. DALLAS PKWY., SUITE 200 PLANO TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P COON, PATRICK 2740 N. DALLAS PARKWAY, STE. 250 PLANO TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SVCO MASSEY, STEVEN N 2740 N. DALLAS PARKWAY, STE. 250 PLANO TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>SOLE DIRECTOR</del> MICHAEL MCCRAW 2740 N. DALLAS PKWY., SUITE 200 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>SAVP</del> PRESIDENT JAMES MOORE 2740 N. DALLAS PKWY., SUITE 250 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY PAUL WEBER 2740 N. DALLAS PKWY., SUITE 200 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER DONNA BLOHM 2740 N. DALLAS PKWY., SUITE 200 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul J. Weber, Secretary* DATE *8/27/02* DAYTIME PHONE # *972-712-1177*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)