2002 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2002 8:00 am Secretary of State DOCUMENT # F98000001283 1. Entity Name 01-27-2002 90039 012 ***150.00 FIRST CHOICE LENDING, INC. Mailing Address Principal Place of Business 200 CHASE PARK S., #200 200 CHASE PARK S., #200 BIRMINGHAM AL 35244 BIRMINGHAM AL 35244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 72-1405581 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ₽ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Pavable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition CR2E034 (9/01 ☐ Delete TITLE TITLE PDC NAME NAME ROGERS, ZACK STREET ADDRESS STREET ADDRESS 5031 STRATFORD RD. CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35242** ☐ Change ☐ Addition TITLE TITLE ☐ Delete VD NAME NAME MOORE, JAMES C STREET ADDRESS STREET ADDRESS 201 BROADMOOR CIRCLE CITY-ST-ZIP CITY-ST-ZIP ALABASTER AL 35007 ☐ Addition Change TITLE ☐ Delete TITLE S NAME NAME STEADMAN, ANN STREET ADDRESS STREET ADDRESS 5183 TRACE CROSSING DR. CITY-ST-7IP CITY-ST-ZIP **HOOVER AL 35244** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STRATTON, RANDY STREET ADDRESS STREET ADDRESS 789 MAIN RD. CITY-ST-7IP CITY-ST-ZIP STANFORD VT 05352 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED