2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

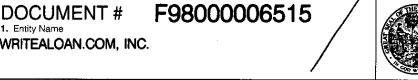
WRITEALOAN.COM, INC.

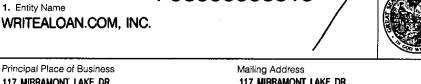


08-18-2003 90160 038 ***550.00

FILED

Aug 18, 2003 8:00 am Secretary of State





117 MIRRAMONT LAKE DR 117 MIRRAMONT LAKE DR WOODSTOCK GA 30189 WOODSTOCK GA 30189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent ≂ 7...Name and Address of New Registered Agent ≕

☐ CHECK HERE IF MAKING CHANGES

Not Applicable \$8.75 Additional 5. Certificate of Status Desired

LOWY, JAMES 2210 WEST HILLS AVE TAMPA FL 33606

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

36-3817351

4. FEI Number

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

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

(NOTE: Registered Agent signature required when reinstating)

.9. Election Campaign Financing, Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition CANNING, TERI NAME NAME 1150 BRIDGE MILL AVE STREET ADDRESS STREET ADDRESS CANTON GA 30114 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME CANNING. STEVEN NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS 1150 BRIDGE MILL AVE CITY-ST-ZIP CANTON GA 30114 TITLE NAME

☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete TITLE NAME

STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if

SIGNATURE:

🔲 Change

Change

Change

☐ Change

Addition

Addition

Addition

Addition