

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005225

1. Entity Name
ANYLOAN.COM, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90049 011 ***150.00

Principal Place of Business
340 Commerce, #200
Irvine, CA 92602-1300

Mailing Address
18400 Von Karman, #1000
Irvine, CA 92612
Attn: Compliance Dept.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
340 Commerce
Suite, Apt. #, etc.
200
City & State
Irvine, CA
Zip
92602
Country
USA

3. Mailing Address
18400 Von Karman
Suite, Apt. #, etc.
1000
City & State
Irvine, CA
Zip
92612
Country
USA

4. FEI Number 33-0854965
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.

SIGNATURE _____ (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	PCD MORRICE, BRAD A 718 DAVIS WAY LAGUNA BEACH CA 92651	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HOLDER, STEVEN 25032 NELLIE GAIL ROAD LAGUNA HILLS CA 92653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIGDON, PAUL 27552 GOLD DUST LANE LAGUNA HILLS CA 92653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THEOLOGIDES, STERGIOS 112 EAST YALE LOOP IRVINE CA 92604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEMIEUX, JEFF 29891 WEATHERWOOD LAGUNA NIGUEL CA 92677	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gotschall, Edward 18 Palomino Coto de Caza, CA 92679	<input checked="" 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 employment.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-18-00 (949) 124-3305 for Agnes
Daytime Phone # 576