

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 10 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002907

1. Entity Name

COMMERCIAL LENDING CONSULTANTS, LLC

Principal Place of Business

1000 SOUTH OCEAN BOULEVARD, SUITE #15 P
POMPANO BEACH FL 33062

Mailing Address

1000 SOUTH OCEAN BOULEVARD, SUITE #15 P
POMPANO BEACH FL 33062-6664

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0899856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCE, ROBERT W

1000 SOUTH OCEAN BOULEVARD, SUITE #15 P
POMPANO BEACH FL 33062

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME HANCE, ROBERT W
STREET ADDRESS 1000 SOUTH OCEAN BOULEVARD, SUITE #15 P
CITY- ST- ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8000003283898-1
CITY- ST- ZIP -06/09/00--01117--013
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE MGRM ☒ Delete
NAME HANCE, RAEANNE
STREET ADDRESS 1000 SOUTH OCEAN BOULEVARD, SUITE #15 P
CITY- ST- ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 908, Florida Statutes.

SIGNATURE:

ROBERT W. HANCE

Date

Daytime Phone #

3/17/00 (954) 785-8314

(6/01/00) 11:21:00