

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059704

1. Entity Name

THE LENDING HOUSE, INC.

Principal Place of Business

1 EAST BROWARD BLVD., SUITE 905
FORT LAUDERDALE FL 33301

Mailing Address

1 EAST BROWARD BLVD., SUITE 905
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3696 N Federal Highway

Suite, Apt. #, etc.
Suite 302

City & State
Fort Lauderdale, FL

Zip
33308

Country
USA

3. Mailing Address

3696 N Federal Highway

Suite, Apt. #, etc.
Suite 302

City & State
Fort Lauderdale, FL

Zip
33308

Country
USA

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90253 032 ***150.00

00041969



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STOLL, STEVEN M
1 EAST BROWARD BLVD., SUITE 905
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: Steven M. Stoll
Street Address (P.O. Box Number is Not Acceptable): 3696 N Federal Highway
Suite 302
City: Fort Lauderdale FL Zip Code: 33308

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: Steven M. Stoll, RA 2/6/01
(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, 2001 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	D	<input type="checkbox"/> Delete
NAME	STOLL, STEVEN M	
STREET ADDRESS	1 EAST BROWARD BLVD., SUITE 905	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven M. Stoll	
STREET ADDRESS	3696 N Federal Highway, Suite 302	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	P.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin S. Argoth	
STREET ADDRESS	3696 N Federal	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: President 4-23-01 6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)