

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90040 041 \*\*\*150.00

**DOCUMENT # P00000073578**

**1. Entity Name**  
**A LENDING SOURCE, INC.**

**Principal Place of Business**  
~~315-B FLAGLER AVENUE~~  
**NEW SMYRNA BEACH FL 32169**

**Mailing Address**  
~~315-B FLAGLER AVENUE~~  
**NEW SMYRNA BEACH FL 32169**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**61 North Causeway**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**61 North Causeway**  
 Suite, Apt. #, etc.

**City & State**  
**New Smyrna Beach, Fl**  
 Zip Country  
**32169 Volusia**

**City & State**  
**New Smyrna Beach, Fl**  
 Zip Country  
**32169 Volusia**

**4. FEI Number** **59-3664537**

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CAMP, BONNI D**  
~~315-B FLAGLER AVENUE~~  
**NEW SMYRNA BEACH FL 32169**

**7. Name and Address of New Registered Agent**

**Name** **Camp, Bonni D**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**61 North Causeway**  
**City** **New Smyrna Beach** **FL** **Zip Code** **32169**

**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** *Bonni Davis Camp*  
 Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CAMP, BONNI D</b>	
<b>STREET ADDRESS</b>	<b>315-B FLAGLER AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>NEW SMYRNA BEACH FL 32169</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Camp, Bonni D</b>	
<b>STREET ADDRESS</b>	<b>61 North Causeway</b>	
<b>CITY-ST-ZIP</b>	<b>New Smyrna Beach, Fl 32169</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Bonni Davis Camp* **Bonni Davis Camp**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/02** **386-409-7782**  
 Date Daytime Phone #

NOTED AV

CR2E034 (9/01)