2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P0000079966 1. Entity Name LENDING HAND MORTGAGE, INC. 03-20-2001 90011 014 ***150.00 Principal Place of Business Mailing Address 11546 GLENMONT DR. 11546 GLENMONT DR. ~~~~~~ TAMPA FL 33635 TAMPA FL 33635 2. Principal Place of Business 3. Mailing Address 8019 N. HIMES AVE STE-503 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 503 City & State City & State 4. FEI Number Applied For TAMPA 59 <u>-366</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALSOR, ERIC R Street Address (P.O. Box Number is Not Acceptable) 11546 GLENMONT DR. **TAMPA FL 33635** City Zip Code াity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named et (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD Change ☐ Addition ☐ Delete TITLE TITLE HALSOR, ERIC R NAME NAME STREET ADDRESS 11546 GLENMONT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33635 TITLE Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

ith an address v

ith all other like empowered.

FILED