

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90121 004 \*\*\*150.00

0443895 AV

**DOCUMENT # P01000025236**

**1. Entity Name**  
**UNION CAPITAL LENDING CORP.**

**Principal Place of Business**      **Mailing Address**  
**215 19TH AVE NE**      **215 19TH AVE NE**  
**ST PETERSBURG FL 33704**      **ST PETERSBURG FL 33704**



**2. Principal Place of Business**      **3. Mailing Address**  
**449 Central Ave**      **449 Central Ave**

**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**  
**Suite #101**      **Suite #101**

**City & State**      **City & State**  
**St Petersburg FL**      **St Petersburg FL**

**Zip**      **Country**      **Zip**      **Country**  
**33701**      **Pinellas**      **33701**      **Pinellas**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **Applied For**  
**59-3702100**      **Not Applicable**

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

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

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

**FINANCIAL FOUNDATIONS, INC.**  
**3150 SANDY RIDGE DRIVE**  
**CLEARWATER FL 33761**

**Name** **Donald Apelian**  
**Street Address (P.O. Box Number is Not Acceptable)** **449 Central Ave #101**  
**City** **St Petersburg**      **FL**      **Zip Code** **33701**

**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** *Donald J Apelian*  
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 Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

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

**TITLE** **P** ☐ Delete  
**NAME** **APELIAN, DONALD J**  
**STREET ADDRESS** **215 19TH AVE NE**  
**CITY-ST-ZIP** **ST PETERSBURG FL 33704**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:** *Donald J Apelian*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **7-27-82**      **Daytime Phone #** **9-6000**

CR2E034 (9/01)