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FILED
Aug 29, 2002 8:00 am
Secretary of State

08-07-2002 90172 040 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052750

1. Entity Name
US HOME LOAN.COM INC.

Principal Place of Business
**550 REO ST., STE. 300
TAMPA FL 33609**

Mailing Address
**550 REO ST., STE. 300
TAMPA FL 33609**

98604

2. Principal Place of Business
1500 S Church Ave
Suite, Apt. #, etc.

3. Mailing Address
1500 S. Church Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL.

City & State
TAMPA, FL.

4. FEI Number
593720305

Applied For
 Not Applicable

Zip
33629

Country
Hillsborough

Zip
33629

Country
Hillsborough

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

6. Name and Address of Current Registered Agent
**TRUELLE, WILLIAM
3914 W. MCKAY AVE.
TAMPA FL 33609**

7. Name and Address of New Registered Agent
Name **Same**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Truelle*
Signature, typed or printed name of registered agent and title if applicable.

7-25-2002
DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 President	NAME William A. Truelle <input type="checkbox"/> Delete
STREET ADDRESS 3914 W MCKAY AVE	CITY-ST-ZIP Tampa, FL 33609
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP

CR2004 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William Truelle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-2002 8132544000
Date Daytime Phone #

Attachment 98204

PO1000052750

WMC
DIRECT

Bill Trudelle
is 100% owner
& the only
OFFICER OF
BUSINESS.

wmcdirect.com

(800) 542-6508