

* Q

```
09-05-2002 90042 013 ***550.00
03-14-2002 90303 008 ***150.00
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1. Entity Name
CENTER CITY LENDERS, INC.

Principal Place of Business
7061 GRAND NATIONAL DR., STE. 131
ORLANDO FL 32819

Mailing Address
7061 GRAND NATIONAL DR., STE. 131
ORLANDO FL 32819

2. Principal Place of Business
7061 GRAND NATIONAL DR.
Suite, Apt. #, etc. 131

3. Mailing Address
3912 CALIBRE BOND LANE
Suite, Apt. #, etc.
UNIT 604

DO NOT WRITE IN THIS SPACE

City & State ORLANDO

City & State
WINTER PARK

4. FBI Number
59-3722458

| |
|----------------|
| Applied For |
| Not Applicable |

| | | | |
|-----|-------|---------|--------|
| Zip | 32819 | Country | ORANGE |
|-----|-------|---------|--------|

| | | | |
|-----|-------|---------|--------|
| Zip | 32792 | Country | ORANGE |
|-----|-------|---------|--------|

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

GOMEZ, REGGIE
1216 FOREST CIR.
ALTAMONTE SPRINGS FL 32714

Name REGGIE GOMEZ
Street Address (P.O. Box Number is Not Acceptable)
3912 CALIBRE BEND LANE UNIT 604
City WINTER PARK FL Zip Code 32792

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 8-26-02

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *RESUME* ☐ Delete
NAME *Robert G. Gage*
STREET ADDRESS *11111 1st St. N. Phoenix*
CITY - ST - ZIP *Phoenix AZ 85018*

| | | | |
|----------------|---------------------------------|--|-----------------------------------|
| TITLE | PRESIDENT (PD) | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Reggie Gomez | | |
| STREET ADDRESS | 3912 Canibre Bend Lane Unit 604 | | |
| CITY-ST-ZIP | Winter Park FL 32792 | | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| 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"/> Delete |
| 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"/> Delete |
| 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"/> Delete |
|-----------------|---------------------------------|
| 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"/> Delete |
| 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: SIGNATURE/REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 407-265-8086

CR2E034 (4/02)

PO/000053241
99687

Attachment

FROM THE DESK OF

Reggie Gomez

To whom it may concern:

Please excuse this
inconvenience, I
just wanted to
change my home
address.

Reggie Gomez

Wh