Discoper Plance of Business       Mailtony Address of 20 W. LUNSDEN RO. BUTE A BRANCON R. 3351       JUNI If V F V         2. Proceque Procé of Business       3. Mailtony Address	2003 F UNIFOR OCUMENT Entity Name THE LENDING DE		REPOR	ATION T (UBR)		FILED Feb 04, 2003 8:00 a Secretary of State 02-04-2003 90070 023 ***150.00	m
2. Principal Place of Blushees  S. Malling Address  Chy & Slats  Chy & S	750 W. LUMSDEN RD. Suite A	750 Sur	w. Lumsden RD. Te a				
City & State       4. FEI Number       59:3725549       [App:led For [App:led	Principal Place of Busin	iess 3. Ma	illing Address				
Chy & State     Chy & State     Preinformation     59/3725349     Mod Applicable       Zip     Country     Zip     Country     S. Certificate of Status Desired     \$8.75     Adminishing the status desired Agent       JORDAN, LYNDA F     Stress Adurase (RD. Box.Number is, Mod Applicable)     Stress Adurase (RD. Box.Number is, Mod Applicable)     Stress Adurase (RD. Box.Number is, Mod Applicable)       JORDAN, LYNDA F     Stress Adurase (RD. Box.Number is, Mod Applicable)     Stress Adurase (RD. Box.Number is, Mod Applicable)     Stress Adurase (RD. Box.Number is, Mod Applicable)       SUITE A     BRANDON FL 33511     City     FLE     Zip Code       8. The above named analystation of registrend agent.     (Inter Mod Barlow (Inter Mo	Suite, Apt. #, etc.	Sui	te, Apt. #, etc.				
Low manual value     Low manual value     File Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       JORDAN, LYNDA F	City & State	Cit	y & State			4. FELINUMUE 50-3795549	ble
Name     Name       JORDAN, LYNDA F.     -Street Address (EQ. Back Number.is.Not.Accentrative)       SUITE A.     -Street Address (EQ. Back Number.is.Not.Accentrative)       SUITE A.     City       BRANDON FL 33511     City       6. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both. In the State of Florica. 1 an familiar with, and accept the digitation death.       SIGLATURE     (NOT FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Mate Check Payabale to Florida Department of State       10.     OFFICERS AND DIFECTORS       11.     ADDITIONS/CHANGES TO CHICKERS AND DIFECTORS       13.     OFFICERS AND DIFECTORS       14.     ADDITIONS/CHANGES TO CHICKERS AND DIFECTORS       15.     OFFICERS AND DIFECTORS       16.     OFFICERS AND DIFECTORS       17.     ADDITIONS/CHANGES TO CHICKERS AND DIFECTORS       18.     OFFICERS AND DIFECTORS       19.     OFFICERS AND DIFECTORS       11.     ADDITIONS/CHANGES TO CHICKERS AND DIFECTORS       11.     ADDITIONS/CH	Zip	Country Zip	)	Country			
JORDAN, LYNDA F     Tso W, LUMSDEN RD.     SUITE A     Street Addrage (E.O. Box Mumber.is Not Addrage (E.O. Box Mumber.is	6. Name	and Address of Current Register	red Agent	Name	······································	7. Name and Address of New Registered Agent	
750 W. LUMSDEN RD.         SUITE A.         BRANDON FL 33511         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agen. or both, in the State of Florida. Lam familier with, and accept the obligations of registered agen.       DetE         Signature, loss of engistered agen.       (MOTE, Registered Agent Agent agent and the statement of th	JORDAN, LYNDA F	······································			ddress (	(P.O. Box Number is Not Acceptable)	
BRANDON FL 33511         City         FL         Zip Code           6. 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 deligations of registered agent.         State of Florida.         I am familiar with, and accept the deligation of registered agent.           SIGLATURE         Signature in period agent with the information agent with agent with the information agent with agent wit		RD.					
A the above named entity submits this statement for the purpose of changing its registered agent, or born. In the State of Florida. It am familiar with, and accept the abigations of registered agent.  SIGLATURE  SIGLATURE  SIGLATURE  FILE NOW!IT FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$5		1		City		Zip Code	
The obligations of registered agent.   SIGUATURE   FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Floridal Department of State   10.   OFFICERS AND DIFECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11   13.   ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11   14.   15.   15.   16.   0 OFFICERS AND DIFECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11   17. </td <td></td> <td></td> <td>pose of changing it</td> <td></td> <td> or reaiste</td> <td>  </td> <td>pt</td>			pose of changing it		 or reaiste		pt
Syntaxe. Spectra water of explored spectra and user application       (Phile Regulared spectra and an explored spectra and user application of the spectra and user applic	the obligations of regis	tered agent.	pose of changing it				
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ID.     Diff Delta AV00 bintections     Delete     Intell     Change     Addition       ITHE     DORDAN, LYNDA F     MAKE     MAKE     MAKE     STREET ADDRESS     Change     Addition       STREET ADDRESS     G706 VALRIE LANE     Change     Intellet     Intellet     MAKE       STREET ADDRESS     G706 VALRIE LANE     Change     Addition       STREET ADDRESS     CITY-ST-2P     CITY-ST-2P     CITY-ST-2P       TITLE     Delete     TITLE     Change     Addition       NAME     STREET ADDRESS     CITY-ST-2P     CITY-ST-2P     CITY-ST-2P       TITLE     Delete     TITLE     Change     Addition       NAME     STREET ADDRESS     CITY-ST-2P     CITY-ST-2P       CITY-ST-ZP     CITY-ST-2P     CITY-ST-2P     CITY-ST-2P       TITLE     Delete     TITLE     NAME     STREET ADDRESS       CITY-ST-ZP     CI	After May 1, 20	03 Fee will be \$550.00 to Florida Department of State			_	Trust Fund Contribution. Added to Fees	e
NAME         JORDAN, LYNDA F         NAME           STREET ADDRESS         GTOG VALRIE LANE         STREET ADDRESS           OTY -ST-2P         RIVERVIEW FL 33569         CITY -ST-2P           NAME         JORDAN, THOMAS H         STREET ADDRESS           STREET ADDRESS         GTOG VALRIE LANE         Change         Addition           STREET ADDRESS         GTOG VALRIE LANE         STREET ADDRESS         CITY - ST-2P         CITY - ST-2P           TITLE         JORDAN, THOMAS H         STREET ADDRESS         STREET ADDRESS         CITY - ST-2P         CITY - ST-2P           TITLE         NAME         STREET ADDRESS         CITY - ST-2P         CITY - ST-2P         CITY - ST-2P           TITLE         NAME         STREET ADDRESS         STREET ADDRESS         CITY - ST-2P         CITY - ST-2P           TITLE         Obelde         TITLE         NAME         STREET ADDRESS         CITY - ST-2P         CITY - ST-2P         CITY - ST-2P           TITLE         NAME         STREET ADDRESS         STREET ADDRESS         CITY - ST-2P         CIT		OFFICERS AND DIRECT					tion
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CIT-ST-ZIP       Delete       TITLE       Change       Additi         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Additi         TITLE       Delete       TITLE       Change       Additi         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Additi         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Additi         TITLE       Delete       TITLE       NAME       Additi         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Additi         TITLE       Delete       TITLE       Change       Additi         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         12.       I hereby certify that the information subtleed with this filling dees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certif	TITLE VAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change Add	ition
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ITTLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         12. I hereby certify that the information supplied with this filling 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 eport 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 directo of the corporation or the received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed or on an attachment with and drives, with all sther like empowered.	TITLE NAME		Delete	TITLE NAME STREET ADDRESS		Change Add	lition
12. I hereby certify that the information subject with this tiling close 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 eport 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 directo of the corporation or the received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed or on an attachment with antidores, with all store like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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