

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000065808**

1. Entity Name:

NATIONAL TAX LIEN INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

FILED

02 NOV -7 PM 4:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2002 UBR

2. Principal Place of Business 205 E. CENTRAL BLVD. SUITE 500 ORLANDO, FL 32801 USA	3. Filing Address 205 E. CENTRAL BLVD. SUITE 500 ORLANDO, FL 32801 USA
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4. Filer Number	Applied for <input checked="" type="checkbox"/> Not Applicable
5. Conditions of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name LARRY B. LOFTIS, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 205 E. CENTRAL BLVD., SUITE 500 ORLANDO FL 32801

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

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its biennial Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$250.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT LARRY B. LOFTIS 205 E. CENTRAL BLVD, STE 500 ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	300008838403 11/06/02--01138--012 **158.75
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

407-841-9600

CR2E034B (12/01)

282

NATIONAL TAX LIEN INSTITUTE

205 E. Central Blvd., Suite 500
Orlando, FL 32801
Phone (407) 841-9600
Fax (407) 835 - 0190

October 30, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Re: UBR for Profit Corp.

Dear Sir or Madam:

As discussed with your office, we did not receive the previous Uniform Business Report for Profit Corp. Please find the enclosed check for the amount of \$158.75 (annual fee plus \$8.75 for a certificate of status). I've also enclosed the completed Profit Corporation UBR. Thank you in advance.

Sincerely,



Gemma Dela Rosa
Executive VP