2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000065808 DOCUMENT

1. Entity Name

NATIONAL TAX LIEN INSTITUTE, INC.



FILED Apr 17, 2003 8:00 am § Secretary of State

04-17-2003 90156 042 ***150.00

						GOO WE TO						
Principal Place of Business 205 E. CENTRAL BLVD SUITE 500 ORLANDO FL 32801			Mailing Address 205 E. CENTRAL BLVD SUITE 500 ORLANDO FL 32801									
2. Principal Place of Business			3. Mailing Address				_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF M	IAKING CH	IANGES		
City & State			City & State				4. F	FEI Number NOT APPLICABLE Applied For Not Applicab				7
Zip Country		У	Zip		Country		5. (Certificate of Status Desired		-75 Add	litional	1
··-	6. Name and Add	ress of Current Re	gistered .	Agent		1	i	lame and Address of New Regis				+
		. p **		, ~		Name		بالروار بالماد المسلسات				1
LOFTIS, L	ARRY B ESQ.					Character Address (CO. Character State Age 1)						-
205 E. CENTRAL BLVD., SUITE 500						Street Address (P.O. Box Number is Not Acceptable)						
	D FL 32801											1
						City			FL	Zip Code	e	-
8. The above the obligation	tions of registered ager		1		registere	ed office or req	gistered age	ent, or both, in the State of Florida	. I am fami	liar with,	and accept	
	Signature, typed or printed nar	one of registered agent and	title if applical	ble. (NOT)	: Registere	d Agent signature re	equired when re	instating)	DATE			_
F	ILE NOW!!! FEE I	S \$150.00					_	6 Florida Comunica Financia		AF A	•]
Afte	r May 1, 2003 Fee w k Payable to Florida	ill be \$550.00	tate					Election Campaign Financ Trust Fund Contribution.	ing		O May Be I to Fees	
10.		OFFICERS AND DII	RECTORS		11.		AD	DITIONS/CHANGES TO OFFICER	RS AND DIE	RECTORS	3 IN 11	7
TITLE	Р			☐ Delete	TITLE		_			Change	☐ Addition	16
NAME STREET ADDRESS CITY-ST-ZIP	LOFTIS, LARRY B 205 E. CENTRAL E ORLANDO FL 3280			E Et address - St-Zip						7000		
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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 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 frequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #