

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-30-2003 90131 015 ***150.00

DOCUMENT # P01000074811

1. Entity Name
LOANS IN PROCESS, INC.



Principal Place of Business
5560 AURORA DR
CRESTVIEW FL 32539-7005

Mailing Address
5560 AURORA DR
CRESTVIEW FL 32539-7005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3732667

Applied For
Not Applicable

Zip

Country

Zip

Country

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

NAYLOR, CAROLE L
5560 AURORA DR
CRESTVIEW FL 32539-7005

Name
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 *Carole L. Naylor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-27-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NAYLOR, CAROLE L
STREET ADDRESS 314 JUNIPER ISLAND DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE PDS
NAME Naylor, Carole L.
STREET ADDRESS 5560 Aurora Drive
CITY-ST-ZIP Crestview, Fl 32539-7005 ☒ Change ☐ Addition

TITLE VP
NAME LANCASTER, LOIS K
STREET ADDRESS 5560 AURORA DR
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

TITLE VPT
NAME Lancaster, Lois K.
STREET ADDRESS 5560 Aurora Drive
CITY-ST-ZIP Crestview, Fl 32539-7005 ☒ Change ☐ Addition

TITLE S
NAME LANCASTER, H.C
STREET ADDRESS 5560 AURORA DR
CITY-ST-ZIP CRESTVIEW FL 32539 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BRYAN, FRED
STREET ADDRESS 3369 HILLSIDE DR.
CITY-ST-ZIP GULF BREEZE FL 32561 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *Carole L. Naylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-27-03
DAYTIME PHONE # 689-8877

CR2E034 (10/02)