

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90198 012 ***150.00

DOCUMENT # P01000087812

1. Entity Name
SMART CHOICE LOAN CENTER INC.



Principal Place of Business
~~570 W. CAMINO GARDENS BLVD., STE. 201~~
BOCA RATON FL 33432

Mailing Address
C/O BLAKESBERG & CO CPA'S
951 SW 4TH AVE
BOCA RATON FL 33432



2. Principal Place of Business
350 CAMINO GARDENS BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

350 JULIE 200

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1137393**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOOD, EDWARD J
236 E. BOCA RATON RD.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Edward J. Wood

2/10/03

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

TITLE **D** ☐ Delete
NAME **WOOD, EDWARD J**
STREET ADDRESS **236 E. BOCA RATON RD.**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ Delete
NAME **GONTEN, ZACHERY VON**
STREET ADDRESS **10785 MADINE**
CITY-ST-ZIP **HUNTINGTON WOODS MI 48070**

TITLE **D** ☐ Delete
NAME **GONTEN, ZACHERY VON**
STREET ADDRESS **500 S.E. MIZNER BLVD, A409**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 SE MIZNER BLVD, A409**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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

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 like empowered.

SIGNATURE:

Edward J. Wood

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

2/10/03

561-367-7182

CR2E034 (10/02)