

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90059 035 ***150.00

DOCUMENT # P01000088749

1. Entity Name
FLORIDA LENDING ASSOCIATES, INC.



Principal Place of Business
**430 MAIN STREET
WINDERMERE FL 34786**

Mailing Address
**430 MAIN STREET
WINDERMERE FL 34786**

2. Principal Place of Business

7652 Ashley Park Court

3. Mailing Address

7652 Ashley Park Court

Suite, Apt. #, etc.

Suite 306

Suite, Apt. #, etc.

Suite 306

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32835

Country

Zip

32835

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3743697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, LEWIS
430 MAIN STREET
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

Lewis Roberts

Street Address (P.O. Box Number is Not Acceptable)

7652 Ashley Park Court

Suite, Apt. #, etc.

Suite 306

City

Orlando

FL

Zip

32835

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, ALEX	
STREET ADDRESS	24615 IVORY CANE DRIVE #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex Roberts	
STREET ADDRESS	2537 Nobleman Court	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Roberts	
STREET ADDRESS	1509 Lake Whitney Drive	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/03

407-253-8228

CR2E034 (10/02)