

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90121 016 ***150.00

DOCUMENT # P01000102804

1. Entity Name
SOUTHERN UNITED LENDING, INC.

Principal Place of Business
15630 CARLTON LAKE ROAD
LITHIA FL 33598

Mailing Address
15630 CARLTON LAKE ROAD
LITHIA FL 33598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

792 W. Lumsden Rd.

3. Mailing Address

2423 Valrico Forest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Valrico, FL

4. FEI Number

59-3756103

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWEN, AMY
15630 CARLTON LAKE ROAD
LITHIA FL 33598

7. Name and Address of New Registered Agent

Name

Owen, Amy

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

2423 Valrico Forest Dr.

City

Valrico

FL

Zip Code

33594

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]

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

(NOTE: Registered Agent signature required when reinstating)

2-7-02

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **DP** ☐ Delete
 NAME **OWEN, AMY**
 STREET ADDRESS **15630 CARLTON LAKE ROAD**
 CITY-ST-ZIP **LITHIA FL 33598**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **Owen, Amy**
 STREET ADDRESS **2423 Valrico Forest Dr.**
 CITY-ST-ZIP **Valrico, FL 33594**

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02 (813) 653-2644

Date

Daytime Phone #

CR2E034 (9/01)