

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90110 030 ***150.00

0003718 AV

DOCUMENT # P02000004018	
1. Entity Name AFFORDABLE LENDING SOURCE CORP	

Principal Place of Business 818 MAGIC COVE LANE JACKSONVILLE FL 32218	Mailing Address 818 MAGIC COVE LANE JACKSONVILLE FL 32218
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FFL Number 26-0007899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
TERRY-PORTER, MONIQUE L 818 MAGIC COVE LANE JACKSONVILLE FL 32218	
7. Name and Address of New Registered Agent	
Name: <u>Monique Terry</u>	
Street Address (P.O. Box Number is Not Acceptable)	
City: <u>FL</u> Zip Code: <u>32218</u>	

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: Monique L. Terry (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TERRY, MONIQUE L 818 MAGIC COVE LANE JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, JOYCE E 9551 EVESHAM ROAD JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTTON, TARA V 8359 WINDY PINE LANE JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11780 Biscayne Blvd Jacksonville, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Monique L. Terry 7/14/03 9043493271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80144321

#PO8000004018

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FROM: MONIQUE TERRY, REGISTERED AGENT

SUBJECT: REQUEST UBR 2003 LATE FEE WAIVED

DATE: 7/14/2003

CC: CORPORATE OFFICERS

PLEASE WAIVE THE LATE FILING FEE FOR THE ATTACHED UBR
REPORT, AS WE DID NOT RECEIVE PRIOR NOTIFICATION OF THE UBR
REPORT FILING. PLEASE ACCEPT THE ORIGINAL REQUIRED FEE OF
\$150.00.

SINCERELY,


MONIQUE TERRY