

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # R02000013485

1. Entity Name
HOMESTEAD MORTGAGE LENDING, INC.

Principal Place of Business
2503 E. STATE RD. 60
VALRICO, FL 33594

Mailing Address
2503 E. STATE RD. 60
VALRICO, FL 33594

2. Principal Place of Business
2503 E. SR 60

3. Mailing Address
Suite, Apt. #, etc.

City & State
VALRICO FL

City & State
City & State

Zip
33594

Country
HILLSBOROUGH

Zip
Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
010618105

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANSKY, GLEN R
LANSKY & COURTNEY, P.L.
337 E. ROBERTSON ST.
BRANDON, FL 33511

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 _____ (NOTE: Registered Agent signature required when withdrawing) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D TREKAS, TERRY J 911 SUNRIDGE POINT DR. SEFFNER, FL 33594 <input checked="" 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	D WAKEFIELD, MICHAEL JAMES 2010 DUMONT DR. VALRICO, FL 33594 <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	D MITCHELL, JACQUELINE O 2010 DUMONT DR. VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 4-22-03 813-864-5480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)