

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90213 002 \*\*\*150.00

**DOCUMENT # P02000063592**

1. Entity Name  
**SHOPTHELOAN.COM, INC.**



Principal Place of Business  
**12700 SW 15TH MANOR  
DAVIE FL 33325**

Mailing Address  
**12700 SW 15TH MANOR  
DAVIE FL 33325**

2. Principal Place of Business  
**5061 SW 193rd Lane**

3. Mailing Address  
**5061 SW 193rd LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SW Ranches**

**DAVIE FL**

**SW Ranches FL**

**33332**

**Broward**

**33332**

**Broward**

4. FFL Number  
**54-2067425**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**ROSE, MELINDA N  
12700 SW 15TH MANOR  
DAVIE FL 33325**

## 7. Name and Address of New Registered Agent

Name **Melinda Rose**  
Street Address (P.O. Box Number is Not Acceptable) **5061 SW 193rd Lane**  
City **SW Ranches** FL **33332**

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 **Melinda N Rose**

**4.30.03**

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, MELINDA N</b>	
STREET ADDRESS	<b>12700 SW 15TH MANOR</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>Vice President/Treasurer &amp; Secretary</b>	<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	<b>President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melinda Rose</b>	
STREET ADDRESS	<b>5061 SW 193rd Lane</b>	
CITY-ST-ZIP	<b>SW Ranches FL 33332</b>	
TITLE	<b>Uico President Treasurer &amp; Secretary</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melinda Rose</b>	
STREET ADDRESS	<b>5061 SW 193rd LN</b>	
CITY-ST-ZIP	<b>SW Ranches FL 33332</b>	
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: **Melinda N Rose**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.30.03**

**9542142593**

Date

Daytime Phone #

CR2E034 (1/0/02)