

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91276 008 ***150.00

DOCUMENT # P02000083624

1. Entity Name
AMERICA'S CHOICE LENDING, INC.



Principal Place of Business
~~14308 MOON FLOWER DRIVE~~
TAMPA FL 33626

Mailing Address
~~14308 MOON FLOWER DRIVE~~
TAMPA FL 33626

11042036



2. Principal Place of Business
25400 US HWY 19 N

3. Mailing Address
← S9ME

Suite, Apt. #, etc.
STE 215

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

4. FEI Number
02-3861257

Applied For
Not Applicable

Zip
33763

Country
Pinellas

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLEMAN, SEBRON H
14308 MOON FLOWER DRIVE
TAMPA FL 33626

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME COLEMAN, SEBRON H
STREET ADDRESS 14308 MOON FLOWER DRIVE
CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

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

TITLE VP
NAME NARDI, STEVE
STREET ADDRESS 1899 SHORE ACRES BOULEVARD
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE S
NAME COLEMAN, SEBRON H
STREET ADDRESS 14308 MOON FLOWER DRIVE
CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 727 712 0085

Date Daytime Phone #

CR2E034 (10/02)