

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90215 026 ***150.00

DOCUMENT # P02000096785

1. Entity Name

FLORIDA REAL ESTATE LENDING, INC.

PERSONAL INTJURY SUPPLIES, INC.

Principal Place of Business
22630 WOLF BRANCH RD
SORRENTO FL 32776

Mailing Address
22630 WOLF BRANCH RD
SORRENTO FL 32776

2. Principal Place of Business

3. Mailing Address

18950 US HWY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.
216

City & State

City & State
MT. DORA, FL

Zip

Country

Zip

32757

Country

USA

4. FEI Number

71-0934952

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

7. Name and Address of New Registered Agent

CARUTHERS, WILLIAM S
22630 WOLF BRANCH RD
SORRENTO FL 32776

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

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

(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 D
NAME CARUTHERS, WILLIAM S JR.
STREET ADDRESS 22630 WOLF BRANCH RD
CITY-ST-ZIP SORRENTO FL 32776 ☐ Delete

TITLE D/P/T/S
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
NAME CARUTHERS, DAISY J
STREET ADDRESS 22630 WOLF BRANCH RD
CITY-ST-ZIP SORRENTO FL 32776 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME SARMIENTO, LESLIE S.
STREET ADDRESS 4407 MEADOWLAND DRIVE
CITY-ST-ZIP MT. DORA, FL 32757 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

4/22/03

Date

Daytime Phone #

(352) 385-4652

CR2E034 (10/02)