

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/19/2003-90002-013-\$150.00-\$150.00

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AN

DOCUMENT # P02000116554

1. Entity Name
GUARANTEED MORTGAGE LENDING CORP.



03 OCT 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6400 N ANDREWS
300
FORT LAUDERDALE FL 33309

Mailing Address
6400 N ANDREWS
300
FORT LAUDERDALE FL 33309



REINSTATEMENT
☐ CHECK HERE IF MAKING CHANGES

03

2. Principal Place of Business
6400 N ANDREWS AVE

3. Mailing Address
6400 N ANDREWS

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE

4. FEI Number
04-3720022

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
FL

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUGHTEN, TIMOTHY J
4741 NW 6TH PL
COCONUT CREEK FL 33063

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: *Timothy J. Houghten, President*

9/15/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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
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: President
STREET ADDRESS: Timothy John Houghten
CITY-ST-ZIP: 4741 NW 6TH PL COCONUT CREEK FL 33063

TITLE
NAME: V.T. Barry CHAZEN
STREET ADDRESS: 2666 TIGERTAIL AVE #112
CITY-ST-ZIP: COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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: *Timothy J. Houghten, President* 9/15/03 954-991-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

21 10/13

attachment

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P02 000 116554



Guaranteed Mortgage Lending Corporation
6400 North Andrews Avenue, Suite 300
Fort Lauderdale, Florida 33309
Office: 866-274-GMLC or 954-491-8899
Fax: 954-491-8100

September 15, 2003

Florida Dept. of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Non-receipt of prior notice.

To Whom It May Concern:

This is to acknowledge that a previous Divisions of Corporations Uniform Business Report was not received prior to the completion of receiving this Divisions of Corporations Uniform Business Report.

As stated in your directions for completion of this form, without having received a prior Divisions of Corporations Uniform Business Report, the late fee should not be in effect.
Enclosed please find the initial filing fee of \$150.00

Please contact me at this office if I may be of further assistance.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Houghten", written over a horizontal line.

Tim Houghten