

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000125890

1. Entity Name
STUART LENDING INCORPORATED



Principal Place of Business
5614 SE SCHOONER OAKS WAY
A
STUART, FL 34997 US

Mailing Address
PO BOX 556
HOBE SOUND, FL 33475 US

FILED

05 MAY 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

PO BOX 3107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042005

REIN-P

CR2E098 (6/04)

City & State

City & State

STUART, FLORIDA

4. FEI Number

75-3090234

Applied For

Not Applicable

Zip

Country

Zip

Country

34995

US

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

ASCHHEIM, LYDIE
5614 SE SCHOONER OAKS WAY
A
STUART, FL 34997

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.

300055368563

05/26/05--01033--008 **908.75

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 \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT & DIRECTOR
LYDIE ASCHHEIM
5614 SE SCHOONER OAKS WAY
STUART, FL 34997

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

L. Aschheim

LYDIE ASCHHEIM

5/10/05

771-283-8074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #