### **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

HOMETOWN LENDING GROUP, INC.

P02000132119

1. Entity Name



## **FILED** Aug 07, 2003 8:00 am § Secretary of State

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	e of Business	Mailing Address										
- 430 MAIN ST WINDERMERE	FL 34786	430, MAIN, ST— WINDERMERE FL 34786										
2. Principal P	Place of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	te	City & State			4	1. FEI Num	ber 80	45			pplied For lot Applicable	_
Zip	Country	Zip	ntry	5	. Certifica	te of Status	Desired		\$8.75 Ac			
6. Name and Address of Current Registered Agent			_l		7.	. Name ar	nd Address	of New I	Registere			1
MADON O MOUND K				_Name	SAM	U	<del>-</del> - 4	, 	-	~		1
HARDING, RICHARD K 321 EMERALD SHORES CIRCLE #321				Street Ac	ddress (P.O.		ber is Not A	cceptabl	e)	·	<del></del>	1
OCOEE FL 34761				253	7 1	مده اط	<u> </u>		<del></del>			1
000221201101						blem		1		■ Zin Coo		-
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											╛	
	e named entity submits this statem int for tions of registered agent.	r the purpose of changing it	s register	ed office or	registered a	agent, <del>o</del> r b	oth, in the	State of F		_	, and accept	
CICNIATURE		3							8/5/	03		-
SIGNATURE	Signature, typed or printed hame of repistered agent a	nd title it applicable. (NO	TE: Registere	ed Agent signatur	re required who	n reinstating)		_	DATE			-
	ILE NOW!!! FEE IS \$550.00					9 5	lection Car	nnaign Fi	nancina	¢s.	00 May Be	7
After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State							rust Fund (		-		d to Fees	
10. c	OFFICERS AND I		11.			ADDITION:	S/CHANGE	S TO OFF	ICERS AN	ID DIRECTOR	3S IN 11	1
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NAME HARDING, RICHARD K			NAM	1								17
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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 are 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:

J. St.

Httachmen F \$131935 # PODONOBRIG HOMETOWN LENDING GROUP, INC. 430 MAIN STREET WINDERMERE, FL. 34786 407-909-1967

### att; Division of Corporations

TO WHOM IT MAY CONCERN;

Hometown Lending Group, Inc. never received a notification before May, 1 2003. We are enclosing a check for \$150.00 based on our conversation with "Doug" within your organization, and in reference to Item #1 of the frequently asked questions.

Richard Harding

Officer / President

8/5/2003



# **Division of Co**

#### Receipt

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