

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90027 002 ***150.00

DOCUMENT # P03000030845

1. Entity Name

JURISPRUDENT LENDING, P.A.



Principal Place of Business

600 S. ORLANDO AVE.
SUITE 101
MAITLAND FL 32751
US

Mailing Address

600 S. ORLANDO AVE.
SUITE 101
MAITLAND FL 32751
US

54002599



MOORE CR2E034 (11/03)

2. Principal Place of Business

600 S. Orlando Ave

3. Mailing Address

600 S. Orlando Ave

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Maitland, FL

City & State

MAITLAND, FL

Zip

32751

Country

US

Zip

32751

Country

US

4. FEI Number

75-3106250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL S
2672 TUSCARORA TRAIL
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

(change address only)

Street Address (P.O. Box Number is Not Accepted)

600 S. ORLANDO AVE

SUITE 301

City

MAITLAND

FL

Zip Code

32751

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

1/26/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	P,D	<input type="checkbox"/> Delete
NAME	WEST, PAUL S	
STREET ADDRESS	2672 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP,D	<input type="checkbox"/> Delete
NAME	WEST, ANNE M	
STREET ADDRESS	2672 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	West Paul S.	
STREET ADDRESS	2982 HARBOUR LANDING WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	West Anne M.	
STREET ADDRESS	2982 HARBOUR LANDING WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

PAUL S. WEST
PRESIDENT

Date

Daytime Phone #

1/26/04 (407) 629-7511