

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-16-2004 90030 027 ***150.00

DOCUMENT # P03000150299

1. Entity Name
NATIONAL LENDER SERVICES, INC.



Principal Place of Business
**587 EAST STATE ROAD 434
SUITE 100
LONGWOOD, FL 32750 US**

Mailing Address
**800 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803 US**

66403535

34UUB016



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0477153

Applied For

Not Applicable

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

**PIERCE, JOHN G
800 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803**

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, 2004 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **PIERCE, JOHN G**
STREET ADDRESS **800 NORTH FERNCREEK AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

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

TITLE **S** ☐ Delete
NAME **PIERCE, JOHN G**
STREET ADDRESS **800 NORTH FERNCREEK AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

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

TITLE **T** ☐ Delete
NAME **PIERCE, JOHN G**
STREET ADDRESS **800 NORTH FERNCREEK AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

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

TITLE **VP** ☐ Delete
NAME **SMITH, ROY V JR.**
STREET ADDRESS **775 HAWKSVIN ISLAND DRIVE**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John G. Pierce

John G. Pierce

February 11, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #