2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P03000150299 1. Entity Name NATIONAL LENDER SERVICES, INC.					02-16-2004 90	030 027	130.00
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Principal Plac	ee of Business	Mailing Address	1	-1			
587 EAST ST SUITE 100	TATE ROAD 434	800 NORTH FERNCREE Orlando, Fl. 32803	K AVENUE Us	6640	3535	34 00	0316
CONGMOOD,	FL 32750 US			I IRRINDI IN ETITE	NI N OSTA OSTA OSTOC NEDO LEA	N BERNE NERE BRIEF FE	11411 11 11 11 11
Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				*			
City & State City & State			4. FEI Number 20-04	177 153		oplied For ot Applicable	
— Zip	Country— ——	- Zip	-Country	5. Certificate of Sta	atus Desired 🔲	\$8:75 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Add	ress of New Register		
UEBOE 1	IOUN C		Neme				
PIERCE, JOHN G 300 NORTH FERNCREEK AVENUE			Street Addres	s (P.O. Box Number is N	Not Acceptable)		
RLANDO	D, FL 32803					· · · · · · · · · · · · · · · · · · ·	
			City		F	Zip Cod	8
The above	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, in	the State of Florida. I	am familiar with,	and accept
	and a redistrict affailt						
IGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTI	: Pegistered Agent algnature requ	red when reinstating)	OA-	TÉ	 [
2.10	Land Carlon				· -		
FIL After M	E NOW!!! FEE 13 \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campai	gri Financing \$ ribution.	5.00 May Be deed to Fees	. •		
0.	<u> </u>	ID DIRECTORS			NGES TO OFFICERS A	ND DIRECTOR	C (N 11
TLE	P	Delete		ADDITIONS/CHA	TOUR TO OFFICERS A	Change	Addition
WE	PIERCE, JOHN G		NAME	'इं⊾ व्यारिति'			_ }
reet adoress Ty-st-zip	800 NORTH FERNCREEK AVE ORLANDO, FL 32803	ENUL	STREET ADDRESS CITY-ST-ZIP			F. 3. 15	[د] حن
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reet address Ty-St-Zip	800 NORTH FERNCREEK AVE ORLANDO, FL 32803	ENUE	STREET ADDRESS CITY-ST-ZIP				į
T.E.	VP	Deleta	TITLE			Change	Addition
NAE	SMITH, ROY V JR.		NAME			—————————————————————————————————————	
TREET ADDRESS	775 HAWK\$VIN ISLAND DRIV SATELLITE BEACH, FL 32937		STREET ADDRESS CITY-ST-ZIP	1			
	3237,12 3237	☐ Delete	TITLE			Change	☐ Addition
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AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP 2. hereby 0	certify that the information supplied w i on this report or supplemental repor proration or the receiver or trustee err	rith this filling does not qualify to	NAME STREET ADDRESS CITY-SI-ZIP The exemption stated in	Section 119.07(3Xi), Flo e same legal effect as i 07, Florida Statules: an	orida Statutes. I further I made under cath; tha d that my name appea	certify that the in	nformation
ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP L. I hereby of indicated of the coil	certify that the information supplied w on this report or supplemental repor sporation or the receiver or trustee er or on an attachment with an address	rith this filing does not qualify for is true and accurate and that r powered to execute this report	NAME STREET ADDRESS CITY-ST-ZIP The exemption statled in ny signature shall have the as required by Chapter 6	Section 119.07(3)(i), Fix is same legal effect as i07, Florida Statules; an	f made under oath; tha d that my name appea	certify that the in	nformation