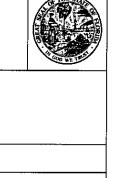
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P93000007827 **DOCUMENT #**

1. Entity Name

FIRST CAPITAL LENDING CORP.



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90215 014 \*\*\*150.00

Principal Place of Business 3820 COLONIAL BLVD #104 FT MYERS FL 33912 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 3820 COLONIAL BLVD #104 FT MYERS FL 33912 US 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				CHECK HERE IF MAKING CHANGES  4. FEI Number 65-0384142 Applied For Not Applicable  5. Cortificate of Status Posical S8.75 Additional			
				,	5.			Required	
6. Name and Address of Current Registered Agent  FLOYD, EDWARD R  3820 COLONIAL BLVD  SUITE 104				Name Street Add	7. Name and Address of New Registered Agent  Jame  Street Address (P.O. Box Number is Not Acceptable)				
FT MYERS	S FL 33912		}	City			FL Zip Cod	de i	
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									
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	·			Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
10. OFFICERS AND DIRECTORS			11.			L DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	OC IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FLOYD, EDWARD R 422 SEAWORTHY ROAD FT MYERS FL 33903	Delete TITLI NAM STRE		T ADDRESS ST-ZIP			Change	Addition	
CITY-ST-ZIP	VD VINCENT, PATTI 914 SE 23RD STREET CAPE CORAL FL 33990	Delete	STREE CITY-S	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	DAV STAHLHUT, BRAD 13731 MARKHAM LN UNIT P-3 FORT MYERS FL 33919	Delete	TITLE NAME STREE CITY-S	ADDRESS ST-ZIP	: 🌣 =		Change	Addition	
NAME STREET ADDRESS	DAV KREJCI, TRACY 502 SW 33RD AVE CAPE CORAL FL 33991	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		·	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-S			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
of the corr	ertify that the information supplied with toon this report or supplemental report is too ration or the receiver or tristee empoor or on an attachment with at address, w	vered to execute this report a	he exem si <del>gnatu</del> require	ption stated e shall have d by Chapte	in Section e the same l er 607, Flori	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; tha da Statutes; and that my name appea	certify that the in it I am an officer rs in Block 10 or	nformation or director Block 11 if	

SIGNATURE:

FEB 20 2003