

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000020241**

1. Entity Name

**THE LENDING CENTER, INC.****FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90665 012 \*\*\*150.00

0383002 AV

Principal Place of Business

Mailing Address

**700 W HILLSBORO BLVD  
BLDG. 1, SUITE 204  
DEERFIELD BEACH FL 33441  
US****700 W HILLSBORO BLVD.  
BLDG. 1, SUITE 204  
DEERFIELD BEACH FL 33441  
US****80064189**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0482573**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**HENSCHEL, JEFFREY M  
700 W. HILLSBORO BLVD., SUITE 204  
BLDG 1, SUITE 204  
DEERFIELD BEACH FL 33441**

## 7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HENSCHEL, NEAL</b>	
STREET ADDRESS	<b>5834 NW 26TH COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HENSCHEL, JEFFREY M</b>	
STREET ADDRESS	<b>700 W HILLSBORO BLVD B1 SUITE 204</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	

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
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Jeffrey M. Henschel, Inc.****3/25/02****800/950-3314 ext. 1105**

Date

Daytime Phone #

CR2E034 (9/01)