FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031986

1. Entity Name

FLORIDA LENDING SERVICES, INC

FILED
03 SEP 16 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600023175626
09/18/03--01063--020 **150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2612 N. MAGNOLIA AVE	P.O. BOX 6570
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34475 Country: MARION	Zip: 34478 Country: Marion

4. FEI Number: 59-3310247 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paul E. Fletcher Sr.

Street Address (P.O. Box Number is Not Acceptable):
P. O. BOX 6570
2612 N. Magnolia Ave 34475

City: Ocala FL Zip Code: 34478

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: Paul E Fletcher Sr. DATE: 9-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 NAME: Dill, P. Wayne STREET ADDRESS: 1744 SE 39 Terr CITY-ST-ZIP: Ocala, FL 34471	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPST NAME: Fletcher, Paul E. Sr. STREET ADDRESS: 16 Almond Way CITY-ST-ZIP: Ocala, FL 34472	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul E Fletcher Sr. 9-10-03 (352) 351-8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/17

FLORIDA LENDING SERVICES, INC.
P.O. BOX 6570
OCALA, FLORIDA 34478

September 10, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

RE: Corporation filing for Florida Lending Services, Inc., Doc. # P95000031986

Dear Sir:

In reference to the above filing, I am requesting a waiver in the late filing fee because the UBR document was sent to an old address and I never received the document. My bookkeeper always took care of this and because I did not receive the paper, she did not realize it had not been taken care of.

Thank you for you help in this matter.

Sincerely,

Paul E. Fletcher Sr.
Florida Lending Services, Inc.