

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90070 012 \*\*\*150.00

**DOCUMENT # P96000019518**

**1. Entity Name**  
**TRANSCONTINENTAL LENDING GROUP, INC.**



**Principal Place of Business**  
**6555 N. POWERLINE ROAD**  
**SUITE 114**  
**FT LAUDERDALE FL 33309**

**Mailing Address**  
**6555 N. POWERLINE ROAD**  
**SUITE 114**  
**FT LAUDERDALE FL 33309**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0673033**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**WILEY, EARL S**  
**6555 N. POWERLINE ROAD**  
**SUITE 114**  
**FT LAUDERDALE FL 33309**

**7. Name and Address of New Registered Agent**

**Name** **PAUL A. BYER**  
**Street Address (P.O. Box Number is Not Acceptable)** **6555 N. POWERLINE RD.**  
**SUITE 114**  
**City** **FT. LAUDERDALE, FL** **Zip Code** **33309**

**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 A. Byer* **PAUL A. BYER, V. P.**  
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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **WILEY, EARL S**  
**STREET ADDRESS** **6636 LONGBOAT LANE., G-108**  
**CITY-ST-ZIP** **BOCA RATON FL 33433**

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

**TITLE** **CEOS** ☐ **Delete**  
**NAME** **GARDNER, JAMES P**  
**STREET ADDRESS** **1162 N.W. 20TH DRIVE**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33065**

**TITLE** **CEO/S/T/D** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **11662 N.W. 20TH DRIVE**  
**CITY-ST-ZIP** **CORAL SPRINGS, FL 33071**

**TITLE** **T** ☐ **Delete**  
**NAME** **GARDNER, JAMES P**  
**STREET ADDRESS** **1162 N.W. 20TH DRIVE**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33065**

**TITLE** **CEO/S/T/D** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **11662 N.W. 20TH DRIVE**  
**CITY-ST-ZIP** **CORAL SPRINGS, FL 33071**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☒ **Addition**  
**NAME** **PAUL A. BYER**  
**STREET ADDRESS** **2915 PALMAIRE DR. NO.**  
**CITY-ST-ZIP** **POMPANO BEACH, FL 33309**

**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 an other like empowered.**

**SIGNATURE:** *Paul A. Byer* **PAUL A. BYER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**954-489-0800**  
Date Daytime Phone #

CR2E034 (10/02)