2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 12, 2000 8:00 am Secretary of State DOCUMENT # **P96000021993** STATEWIDE LENDERS, INC. 05-12-2000 90011 033 ***150.00 Mailing Address Principal Place of Business 2471 MCMULLEN BOOTH ROAD 2471 MCMULLEN BOOTH ROAD SUITE 5 CLEARWATER FL 34619 CLEARWATER FL 33759-1010 2. Principal Place of Business 3. Mailing Address 2560 Enterprise Rd. E. 2560 Enterprise Rd. E. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3380133 Not Applicable Clearwater FL Clearwater FL Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 33759 US 33759 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOUTH, J. TODD Street Address (P.O. Box Number is Not Acceptable) 2699 LEE ROAD SUITE 120 WINTER PARK 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TX Change ☐ Addition TITLE ☐ Detete TITLE KENNEDY, BRIAN NAME 2471 MCMULLEN BOOTH ROAD, SUITE 5 STREET ADDRESS 2560 Enterprise Rd. E. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Clearwater FL 33759 **CLEARWATER FL 34619** Addition TITLE Change ☐ Delete TITLE MARVIN, TIM NAME NAME STREET ADDRESS STREET ADDRESS 2471 MCMULLEN BOOTH ROAD, SUITE 5 2560 Enterprise Rd. E. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34619 Clearwater FL 33759 ☐ Delete --☐ Change... TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE

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 redevey 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.

NAME

TITLE NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Rennedy, Dir.

1/26/00

(727) 797-0300

Change

☐ Addition

Daytime Phone #