## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000024716

Title:

Name:

Address:

City-St-Zip:

Entity Name: ROYAL MORTGAGE LENDING CORPORATION

FILED Apr 26, 2003 Secretary of State

Current Principal Place of Business: 4901 SIDNEY LN			New Princi	New Principal Place of Business:		
JAY, FL 32565 US  Current Mailing Address:			New Mailir	New Mailing Address:		
4901 SIDNE JAY, FL 32						
FEI Number:	59-3365265	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) C	Pertificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
BATES, GL 4463 COUN JAY, FL 32	ITRY MILL R	D				
The above r in the State		submits this statement for the pur	pose of changing it	s registered offic	ce or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent			:		Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VO ( BUSH, DORTO 4901 SIDNEY JAY, FL 3256	LANE	Title: Name: Address: City-St-Zip:	( ) CH	nange ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BUSH, HARTS 4901 SIDNEY JAY, FL 3256	LANE	Title: Name: Address: City-St-Zip:	( ) Cł	nange()Addition	
Title: Name: Address: City-St-Zip:	VPT ( SINGLEY, HOI 4463 COUNTR JAY, FL 3256	Y MILL RD	Title: Name: Address: City-St-Zip:	VPT (X) CI SINGLEY, HOLLIE 4845 SIDNEY LAN JAY, FL 32565		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DORTCH B. BUSH VO 04/26/2003

() Delete

3592 HWY 4 W, P O BOX 202

OWENS, ASHLEE

JAY, FL 32565

() Change () Addition