

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 033 ***150.00

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DOCUMENT # P96000060107

1. Entity Name

FIRST LENDERS FINANCIAL GROUP, INC.



Principal Place of Business
157 E. NEW ENGLAND AVENUE
SUITE #402
WINTER PARK FL 32789
US

Mailing Address
157 E. NEW ENGLAND AVENUE
SUITE #402
WINTER PARK FL 32789
US

2. Principal Place of Business

1600 E. ROBINSON STREET

3. Mailing Address

1600 E. ROBINSON STREET

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32803

Country

USA

Zip

32803

Country

USA

4. FEI Number

59-3388840

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

CINTRON, ANA
157 E. NEW ENGLAND AVENUE
SUITE #402
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

CINTRON, ANA

Street Address (P.O. Box Number is Not Acceptable)

1600 E ROBINSON STREET, SUITE 400

City

ORLANDO

FL

Zip Code

32803

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

[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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CINTRON, ANA	
STREET ADDRESS	157 E. NEW ENGLAND AVENUE, SUITE 402	
CITY-ST-ZIP	WINTER PARK FL 32789	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

(407) 893-9882

Daytime Phone #

CR2E034 (10/02)