

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016270

1. Entity Name
STREET LENDING MORTGAGE CORP., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90058 015 ***150.00

Principal Place of Business
1310 W. COLONIAL DR.
SUITE 35
ORLANDO FL 32804
US *Delete*

Mailing Address
2377 PARK VILLAGE PL
APOPKA FL 32712-2417
US *Delete*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5125 ARANSON ST
(Suite) Apt. #, etc.
775
City & State
Orlando FL

3. Mailing Address
1024 Landview Ct
Suite, Apt. #, etc.
City & State
Orlando FL

Zip
32804-1328 Country
Zip
32828 Country

4. FEI Number **59-3428172** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GADDY, HENRY D
2377 PARK VILLAGE PLACE
APOPKA FL 32712

7. Name and Address of New Registered Agent
Name
Todd M Hoepker
Street Address (P.O. Box Number is Not Acceptable)
390 Orange Ave, Suite 1800 P.O. Box 3311
City *Orlando,* FL Zip Code *32802*

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 *TD* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GADDY, HENRY D 2377 PARK VILLAGE PLACE APOPKA FL 32712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President ZEPHLIN PATTERSON 1024 Landview Ct ORLANDO, FL 32828</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. President PURNELL PATTERSON 4636 MONTAUK ST ORLANDO, FL 32805</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec/Treas IAN PATTERSON 8605 Ridgeman Ct Orlando FL 32818</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver 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.

SIGNATURE: *ZEPHLIN PATTERSON* 4-17-2000 4077407728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)