

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90421 047 \*\*\*150.00

**DOCUMENT # P97000016270**

1. Entity Name

**STREET LENDING MORTGAGE CORP., INC.**

*name change* →



*Icon Capital Max*  
 1820 W Coloni  
 Orlando, Florid  
 Office : (407)

Principal Place of Business

1820 W COLONIAL DR  
 ORLANDO FL 32804  
 US

Mailing Address

1024 LANDVIEW COURT  
 ORLANDO FL 32828  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3428172**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPSKER, TODD M**  
**390 ORANGE AVE. SUITE 1800**  
**P.O. BOX 3311**  
**APOPKA FL 32712**

Name

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

City

**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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, ZEPHLIN</b>	
STREET ADDRESS	<b>1024 LANDVIEW COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PATTERSON, PURNELL</b>	
STREET ADDRESS	<b>4636 MONTALK STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PATTERSON, IAN</b>	
STREET ADDRESS	<b>8605 RIDGEMAN COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Jan Patterson, VP</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>8605 Ridgeman Court</i>	
STREET ADDRESS	<i>Orlando, FL 32818</i>	
CITY-ST-ZIP		
TITLE	<i>Lynne Patterson</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>8605 Ridgeman Court</i>	
STREET ADDRESS	<i>S.T.</i>	
CITY-ST-ZIP	<i>Orlando, FL 32818</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-2002 407 688-2707*  
 Date Daytime Phone #

CR2E034 (9/01)