

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. *NY*

name change



Icon Capital Mx
 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	P	<input type="checkbox"/> Delete
NAME	PATTERSON, ZEPHUN	
STREET ADDRESS	1024 LANDVIEW COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, PURNELL	
STREET ADDRESS	4636 MONTAILK STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, IAN	
STREET ADDRESS	8605 RIDGEMAN COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
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	Ian Patterson, VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8605 Ridgeman Court	
STREET ADDRESS	Orlando, FL 32818	
CITY-ST-ZIP		
TITLE	Lynne Patterson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8605 Ridgeman Court	
STREET ADDRESS	Orlando, FL 32818	
CITY-ST-ZIP		
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		
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: *IAN ZEPHUN PATTERSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2002 407 684-2707

Date

Daytime Phone #

CR2E034 (9/01)