

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041746

1. Entity Name

STATESIDE MORTGAGE LENDING, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90117 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1211 N WESTSHORE BLVD  
#305  
TAMPA FL 33607  
US

1211 N WESTSHORE BLVD  
#305  
TAMPA FL 33607-4615  
US

2. Principal Place of Business

1211 N. Westshore Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

# 305

Suite, Apt. #, etc.

City & State  
Tampa FL

City & State

4. FEI Number

59-3445951

Applied For

Not Applicable

Zip  
33607

Country  
Hillsborough

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

WIEGAND, PAMELA K  
1957 SEVER DR.  
CLEARWATER FL 33764

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME WIEGAND, PAMELA K  
STREET ADDRESS 1957 SEVER DR  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPT ☐ Delete  
NAME WIEGAND, STEVEN R  
STREET ADDRESS 1957 SEVER DR  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA WIEGAND

Date

Daytime Phone #

4-28-2000

813-636-8888