FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91118 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103589

1. Entity Name
SOUTHEAST FINANCIAL LENDING GROUP, INC.

C0057253

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8257 NORMANDY BLVD. SUITE L JACKSONVILLE FL 32221	P.O. OX 16952 JACKSONVILLE FL 32245-6952 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3481338 — Applied For / Not Applicable

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
DYBALSKI, KEVIN A ~~8257 NORMANDY BLVD, SUITE L~~ JACKSONVILLE FL 32221	Name: Street Address (P.O. Box Number is Not Acceptable): 1501 FRUITCOVE WOODS DR City: JACKSONVILLE FL Zip Code: 32259

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] Kevin A Dybalski co/owner President 4-18-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P DYBALSKI, KEVIN A ~~4014 BIRCHWOOD AVE~~ ~~JACKSONVILLE FL 32207~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1501 FRUITCOVE WOODS DR JACKSONVILLE, FL. 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, JAMES C 5133 VERDIS STREET JACKSONVILLE FL 32258	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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] Kevin Dybalski Co/owner 4/18/01 President 904-783-2336
James C. Ryan Co/owner 4-18-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

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Apr 19 01 11:10a