

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90020 029 \*\*\*150.00

0820046

**DOCUMENT # P98000022343**

1. Entity Name  
**DIRECT LENDING SOURCE, INC.**

Principal Place of Business <b>1500 CYPRESS CREEK BLVD          STE 103          FT LAUDERDALE FL 33310</b>	Mailing Address <b>1500 CYPRESS CREEK BLVD          STE 103          FT LAUDERDALE FL 33310</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3497254</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>TUCCARONE, CHRISTOPHER M</del> <del>321 26TH AVE N</del> <del>SAINT PETERSBURG FL 33707</del>				Name <b>Giordano, Linda</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 Cypress Creek Blvd</b> <b>Suite 103</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33310</b>	

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  *Linda Giordano* (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUCCARONE, CHRISTOPHER M</b> <b>321 26TH AVENUE NORTH</b> <b>SAINT PETERSBURG FL 33707</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL, DOUGLAS</b> <b>7037 NW 68 DR</b> <b>PARKLAND FL 33067</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>BAILEY, BABETTE</b> <b>2555 NASSAU LANE</b> <b>FORT LAUDERDALE FL 33312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BAILEY, BABETTE</b> <b>1500 CYPRESS CREEK BLVD., SUITE 103</b> <b>FT. LAUDERDALE, FL 33310</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>GIORDANO, LINDA</b> <b>801 HARRISON STREET</b> <b>HOLLYWOOD FL 33019</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GIORDANO, LINDA</b> <b>1500 CYPRESS CREEK BLVD., SUITE 103</b> <b>FT. LAUDERDALE, FL 33310</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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:  *Linda Giordano* **LINDA GIORDANO, PRESIDENT**

Date: *3/13/01* Daytime Phone #: *954 316 3008*

CR2E034 (10/00)