

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90198 009 ***150.00

DOCUMENT # P98000023701

1. Entity Name
UNITED LENDING SOURCE, INC.

Principal Place of Business
75 170TH AVENUE
NORTH REDINGTON BEACH FL 33708

Mailing Address
75 170TH AVENUE
NORTH REDINGTON BEACH FL 33708



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3502565**

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

Patrick O'Conner
224D Bellair Road
Suite #160
Clearwater, FL 33764

7. Name and Address of New Registered Agent

Name **Russell L. Cheatham, III**
Walker, Harrington and Cheatham
Attorneys and Counselors At Law
5536 Central Avenue
 City **St. Petersburg,** State **FL** Zip Code **33707**

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 *Lisa J. Wright, CEO* (NOTE: Registered Agent signature required when reinstating)

DATE **3/1/02**

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 Delete
 NAME **D WRIGHT, LISA J**
 STREET ADDRESS **75 170TH AVENUE**
 CITY-ST-ZIP **NORTH REDINGTON BEACH FL 33708**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 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 reports 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: *Lisa J. Wright*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 **757-397-2855**

CR2E034 (9/01)