

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063104

1. Entity Name

NORTH AMERICAN LENDING CORPORATION

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90853 005 ***150.00

Principal Place of Business

2204 N. CITRUS BLVD
10 B
LEESBURG FL 34748

Mailing Address

2204 N. CITRUS BLVD
10 B
LEESBURG FL 34748-3019

2. Principal Place of Business

1611 E Main St
Suite, Apt. #, etc.

3. Mailing Address

1611 E Main St
Suite, Apt. #, etc.

City & State

Leesburg FL
Zip 34748 Country Lake

City & State

Leesburg FL
Zip 34748 Country Lake

4. FEI Number

59-3522916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIWEK, STANLEY P
4305 EMMAUS RD
FRUITLAND PARK FL 34748

7. Name and Address of New Registered Agent

Name Stanley P. Siwek

Street Address (P.O. Box Number is Not Acceptable)
1335 N. Shore Dr.

City Leesburg

FL

Zip Code 34748

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.

Stanley P. Siwek President

4-28-00

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SIWEK, STANLEY	
STREET ADDRESS	4305 EMMAUS RD	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	CENKER, STEPHEN A	
STREET ADDRESS	1699 E MAIN ST., #B	
CITY-ST-ZIP	LEESBURG FL 34748	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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)(l), 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

Date

Daytime Phone #

Stanley P. Siwek President 4-28-00

CR2E034 (9/99)