

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 MAY -1 AM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069009

1. Entity Name

Southeast Lending Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 Constitution Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2100 Constitution Blvd.

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Sarasota Florida

Zip

34231

Country

Zip

34231

Country

REINSTATEMENT 02-03

10/21/02 01072 003 \$750.00

4. FEI Number

650855328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eulert, Gary P.

Street Address (P.O. Box Number is Not Acceptable)

2100 Constitution Blvd.

City

Sarasota

FL

Zip Code

34231

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Eulert, Gary P.
2100 Constitution Blvd.
Sarasota FL 34231

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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05/04/03--01003--007 **150.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary P. Eulert Gary P. Eulert

4/29/03 941-927-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)