1/24/00-90042-002-$150.00-$150.00

DOCUMENT # P99000035896

1. Entity Name

COUNTYWIDE LENDING CORPORATION

APPROVED AND FILED

00 APR -6 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C0009699

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8360 W. OAKLAND PARK BLVD., STE. 314 FT. LAUDERDALE FL 33351-7339	8360 W. OAKLAND PARK BLVD., STE. 314 FT. LAUDERDALE FL 33351-7339

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 65-0914478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, ALRIC J
8360 W. OAKLAND PARK BLVD., STE. 314
FT. LAUDERDALE FL 33351-7339

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 Alric Francis
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS, ALRIC J 8360 W. OAKLAND PARK BLVD., STE. 314 FT. LAUDERDALE FL 33351-7339	☐ Delete	DIRECTOR CAROL FRANCIS 8360 W OAKLAND PK #314B FT LAUDERDALE FL 33351-7339	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDADE, JANE B 8360 W. OAKLAND PARK BLVD., STE. 314 FT. LAUDERDALE FL 33351-7339	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Alric Francis ALRIC FRANCIS 1/15/2000 954-746-4610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Alric Francis Alric Francis 4/3/2000