

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90021 015 ***150.00

DOCUMENT # P99000043671

1. Entity Name

HOME EQUITY LENDING, INC.

Principal Place of Business

Mailing Address

2108 N FED HWY
BOCA RATON FL 33431

2108 N FED HWY
BOCA RATON FL 33431

2. Principal Place of Business

2200 N. Federal Hwy

3. Mailing Address

2200 N Federal Hwy

Suite, Apt. #, etc.

STE 203

Suite, Apt. #, etc.

STE 203

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

Zip

33431

Country

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301**

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	GEISEN, BRADFORD R	
STREET ADDRESS	2250 N FED. HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUTILLO, DOMINIC A	
STREET ADDRESS	2250 N FED. HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPD VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, GREGORY M	
STREET ADDRESS	2250 N FED. HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISEN, BRADFORD R	
STREET ADDRESS	2200 N. FEDERAL HWY STE 203	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VPD VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTILLO, DOMINIC A	
STREET ADDRESS	2200 N. FEDERAL HWY STE 203	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, GREGORY M	
STREET ADDRESS	2200 N. FEDERAL HWY STE 203	
CITY-ST-ZIP	BOCA RATON, FL 33431	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradford Geisco, President 4/4/01

Date

Daytime Phone #

CR2E034 (10/00)