

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90144 031 ***150.00

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

DOCUMENT # **P99000061600**
1. Entity Name
E-Approved Home Loans, Inc.



DO NOT WRITE IN THIS SPACE

90137620

2. Principal Place of Business 1250 Douglas Ave Suite, Apt. #, etc. Ste. 100 City & State Longwood, Fl. Zip 32779 Country Seminole		3. Mailing Address 1250 Douglas Ave. Suite, Apt. #, etc. Ste. 100 City & State Longwood, Fl. Zip 32779 Country Seminole	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3593579		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Steven K. Hope Street Address (P.O. Box Number is Not Acceptable) 1250 Douglas Ave, Ste. 100 City Longwood, Fl. FL Zip Code 32779		

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 **Steven K. Hope** DATE **5-23-03**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hope, Steven K. 1250 Douglas Ave, Ste. 100 Longwood, Fl. 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Birge, Stephen R. 1250 Douglas Ave, Ste. 100 Longwood, Fl. 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Steven K Hope** DATE **5-21-03** 407-862-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 90137620
DOC # P990000061600

New
address -
We never
Rec'd forms.