

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000068816**

1. Entity Name

AABLE MORTGAGE LENDING CORPORATION**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90302 024 ***150.00

Principal Place of Business

**753 W. LUMSDEN ROAD
BRANDON FL 33511**

Mailing Address

**753 W. LUMSDEN ROAD
BRANDON FL 33511**

2. Principal Place of Business

755 W. Lumsden RD.

Suite, Apt. #, etc.

3. Mailing Address

755 W. Lumsden RD.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

Zip

33511

Country

Zip

33511

Country

4. FEI Number

59-3590788

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HUFF, SHAWNE
753 W LUMSDEN RD
BRANDON FL 33511**

Name

SHAWNE HUFF

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

755 W. Lumsden Road

City

Brandon

FL

Zip Code

33511

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PVTS** ☐ Delete
NAME **HUFF, SHAWNE D**
STREET ADDRESS **753 W LUMSDEN RD**
CITY-ST-ZIP **BRANDON FL 33511**TITLE **PVTS** ☒ Change ☐ Addition
NAME **HUFF, SHAWNE D**
STREET ADDRESS **755 W. Lumsden Road**
CITY-ST-ZIP **Brandon FL 33511**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)