

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90729 039 \*\*\*\*61.25

07-15-2002 90184 004 \*\*\*150.00

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

DOCUMENT# P99000068816 ✓

1. Entity Name

AABLE MORTGAGE LENDING CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

755 W. LUMSDEN ROAD

3. Mailing Address

755 W. LUMSDEN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BRANDON, FL

City &amp; State

BRANDON, FL

4. FEI Number

59-3590788

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RICHARD A. ROBERTS

Street Address (P.O. Box Number is Not Acceptable)  
505 E. JACKSON STREET, SUITE 202

City

TAMPA

FL

Zip Code  
33602

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

*Richard A. Roberts*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

5-6-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVTS<br>NATALIE HUFF<br>755 W. LUMSDEN ROAD<br>BRANDON, FL 33511 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Natalie Huff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02

Date

813-651-2225

Daytime Phone #

CR2E0346 (12/01)