

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077464

1. Entity Name
THE LOAN OUTLET, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90056 020 ***150.00

Principal Place of Business
1326 EAST CAPE CORAL PARKWAY
SUITE 4
CAPE CORAL FL 33904

Mailing Address
POST OFFICE BOX 100930
CAPE CORAL FL 33910

2. Principal Place of Business

8191 College Pkwy #202
Suite, Apt. #, etc.
#202

3. Mailing Address

Suite, Apt. #, etc.

City & State
Ft. Myers FL

City & State

Zip Country
33919 USA

Zip Country

4. FEI Number 65-0943973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DURKIN, LINDA
1326 E. CAPE CORAL PKWY #4
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

8191 College Pkwy #202
City Ft. Myers Zip Code 33919

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 *Linda Durkin*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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
NAME DURKIN, LINDA
STREET ADDRESS 1326 EAST CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8191 College Pkwy #202
CITY-ST-ZIP Ft. Myers FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 *Linda Durkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 (941) 790-5626

CR2E034 (10/00)