

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91221 004 ***150.00

CR2E034 (10/02)

DOCUMENT # P99000096151

1. Entity Name
HOMEOWNERS LENDING, INC.



Principal Place of Business
**351 15TH AVENUE S
SUITE B
JACKSONVILLE FL 32250
US**

Mailing Address
**P.O. BOX 50194
JACKSONVILLE BEACH FL 32240-0194
US**

11000071



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**4745 Sutton Park Ct
Suite, Apt. #, etc.
503**

3. Mailing Address
**4745 Sutton Park Ct
Suite, Apt. #, etc.
503**

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-3611670**

Applied For
☐ Not Applicable

Zip Country
32224 US

Zip Country
32224 US

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

**BLANKS, JOHN E
786 SAND PIPER LN
PONTE VEDRA FL 32082**

Name **John E. Blanks**
Street Address (P.O. Box Number is Not Acceptable)
**513 SEAIA N.
Ponte Vedra Beach, FL 32082**
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BLANKS, JOHN E**
CITY-ST-ZIP **112 1/2 13TH AVE.
JACKSONVILLE BCH FL 32250**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ZOK, CHRISTOPHER W**
CITY-ST-ZIP **112 1/2 13TH AVE.
JACKSONVILLE BCH FL 32250**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BELK, DAN**
CITY-ST-ZIP **407 9TH ST.
WEST COLUMBIA SC 29169**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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 #