2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000108426** 1. Entity Name KERSEY, Scillia, FORSTER & BROOKS, INC LENDERPRO CORPORATION 04-27-2000 90090 015 ***150.00 Mailing Address Principal Place of Business 2419 E., COMMERCIAL BLVD., STE. 307 2419 E. COMMERCIAL BLVD., STE, 307 LAUDERDALE FL 33308 LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCILLIA, MICHAEL V Street Address (P.O. Box Number is Not Acceptable) 2805 E. OAKLAND PARK BLVD., #110 FT. LAUDERDALE FL 33306 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CHAIRMAN & SECRBTARY ▼ Addition TITLE Change ☐ Delete TITLE MICHAEL SCILLIA 24,19 E COMERCIAL BLVD, Suite 307 NAME NAME STREET ADDRESS STREET ADDRESS FT LAUDERDALE ,FL 33308 CITY-ST-7IP CITY-ST-ZIP VICE PRESIDENT & PRINCIPAL Addition Change ☐ Delete TITLE TITLE KRISTA A. KERSEY NAME 2419E COMMERCIAL BUD, SLITE 307 NAME STREET ADDRESS STREET ADDRESS FORT LAUDERDALE , FL 33308 CITY-ST-7IP CITY-ST-ZIE VILEPRESIDENT - FINANCE Addition ☐ Change ☐ Delete TITLE KAREN FISCHER NAME NAME 2419E COMMERCIAL BLVD, STITE 307 STREET ADDRESS STREET ADDRESS TT LAUDERDALE FL 33308 ASSISTANT SECRETARY CITY-ST-ZIP CITY-ST-ZIP Change **X** Addition ☐ Delete TITLE 2419 E Commercial Blud, Suite 307 KRISTA KERSEY NAME NAME STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 33308 ASSISTANT SECRETARY CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE GAIL ScilliA NAME 2419 E COMMERCIAL BID, Suite 307 NAME STREET ADDRESS STREET ADDRESS Ftlanderdole, FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 wi like empowered.

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR