

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0022921

05-16-2001 90137 001 ***750.00

DOCUMENT # K62189

1. Entity Name
EASTERN MORTGAGE CORPORATION

Principal Place of Business 8380 BAYMEADOWS RD SUITE 9 JACKSONVILLE FL 32256 US	Mailing Address 8380 BAYMEADOWS RD #9 SUITE 9 JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LEWIS, DAVID B 8380 BAYMEADOWS RD SUITE 9 JACKSONVILLE FL 32256				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				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.

SIGNATURE *David B. Lewis* **David B. Lewis** 4/30/2001
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, DAVID B		NAME		
STREET ADDRESS	12969 FALLENTREE DR N		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERRY, BONNIE J		NAME		
STREET ADDRESS	1541 6TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEITNER, PHILIP M		NAME		
STREET ADDRESS	2206 NW 3RD PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32603		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIBERT, SANDE		NAME		
STREET ADDRESS	2885 N. DEER AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32608		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BISHOP, MELISSA		NAME		
STREET ADDRESS	1715 HODGES BLVD #2916		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 reports 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: *David B. Lewis* **David B. Lewis** 4/30/2001 914-735-9855
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)