

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000003861

LA

1. Entity Name

Rush Mortgage & Investments, Inc.

Principal Place of Business

Mailing Address



48694

2. Principal Place of Business

11380 Prosperity Farms Rd

3. Mailing Address

11380 Prosperity Farms Rd

Subs. Apt. #, etc.

215

Subs. Apt. #, etc.

215

City & State

Palm Bch. Gardens

City & State

Palm Bch. Gardens

4. FEI Number

05-0996267

Applied For

Not Applicable

Zip

33410

Country

Palm Beach

Zip

33410

Country

Palm Beach

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

Name

Jake Rus

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

11380 Prosperity Farms Rd # 215

City Palm Bch. Gardens

FL

Zip Code 33410

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

4/30/01

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

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Robert S. Hayworth	81 Maple Lane	Boynton Beach, FL 33462	<input type="checkbox"/>
Sec/Treas	Kim Wathen	613 6th Lane	Palm Beach Gardens, FL 33410	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice Pres.	Jake Rus	552 Sanctuary Point	Jupiter, FL 33458	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statute. 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 Statute; 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

Kim Wathen sec. TRES.

4-30-01

RETYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004 (11/00)