

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90785 034 ***150.00

0640574 4/05/02 SP

DOCUMENT # P94000005587
 1. Entity Name
CONCH REPUBLIC MORTGAGE CORP.

Principal Place of Business **82681** OVERSEAS HIGHWAY, SUITE 301B ISLAMORADA FL 33036
 Mailing Address **P.O. Box 1913** ISLAMORADA FL 33036

2. Principal Place of Business **82681 OVERSEAS HWY**
 Suite, Apt. #, etc.
 3. Mailing Address **P.O. Box 1913**
 Suite, Apt. #, etc.

City & State **ISLAMORADA, FL.**
 Zip. **33036** Country **USA**
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 Zip. **33036** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0475160** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Name and Address of Current Registered Agent
LEE, KAREN
81990 OVERSEAS HIGHWAY
SUITE 301B
ISLAMORADA FL 33036
 7. Name and Address of New Registered Agent
 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 *Karen L Lee* DATE 4/02/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, KAREN L. 128 BAYVIEW ISLE DR. ISLAMORADA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, JAMES P. 128 BAYVIEW ISLE DR. ISLAMORADA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE: *Karen L Lee* DATE 4/2/02 DAYTIME PHONE # (305) 664-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034(9/01)