2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000091154 HOMEBUYERS MORTGAGE CONNECTION, INC. 04-30-2001 90396 014 ***150.00 Principal Place of Business Mailing Address 440 S. FEDERAL HIGHWAY 440 S. FEDERAL HIGHWAY UUU44454 **SUITE #103** SHITE #103 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 440 S. FEDERAL HILHWAY 440 S. FEDERAL HIGHWAY Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite 204 Suite City & State City & State 4. FEI Number Applied For DEERFIELD BEACH IF 65-0961315 DEERFIELD BEACH Not Applicable Zip 33441 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORTINO, JOHN D Street Address (P.O. Box Number is Not Acceptable) 440 S. FEDERAL HIGHWAY **SUITE #103** DEERFIELD BEACH FL 33441 City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change FORTINO, JOHN D NAME STREET ADDRESS STREET ADDRESS 440 S. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME PORT, CRAIG S NAME STREET ADDRESS STREET ADDRESS 440 S. FEDERAL HIGHWAY City-St-7IP CITY-ST-7IP **DEERFIELD BEACH FL 33441** Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 like empowered.

CRA16

TYBED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _