

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 31 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102900
1. Entity Name
FIRSTTRUST MORTGAGE & LENDING CORP.

DO NOT WRITE IN THIS SPACE

700005763877--0
-06/12/02--01077--012
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 N. Congress Ave.		3. Mailing Address 801 N. Congress Ave.	
Suite, Apt. #, etc. 905		Suite, Apt. #, etc. 905	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33426	Country USA	Zip 33426	Country USA

4. FEI Number 65-0965904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Shawn M. O'Sullivan

Street Address (P.O. Box Number is Not Acceptable)
801 N. Congress Ave., #905

City
Boynton Beach FL Zip Code
33426


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 _____ DATE _____
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. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DICKINSON, Bradley 801 N. Congress Ave., #905 Boynton Beach, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SULLIVAN, Shawn 801 N. Congress Ave., #905 Boynton Beach, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIVOLIN, Heidi 801 N. Congress Ave., #905 Boynton Beach, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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; that the person or persons named herein are duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:  **HEIDI WIVOLIN** 5/24-02 561-742-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #

CR2E034B (12/01)