

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276259

1. Entity Name
PARKWAY MORTGAGE COMPANY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90297 038 ***158.75

Principal Place of Business 201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134-5102	Mailing Address 201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134-5108
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1031613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I
201 ALHAMBRA CIR
12TH FLR
CORAL GABLES FL 33134

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 _____ 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
T NAME: RAMA, MICHAEL STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
DV NAME: GETMAN, DENNIS J. STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
PD NAME: MCNAIRY, CHARLES STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
SD NAME: KERRIGAN, JUANITA I. STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<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 type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Juanita I. Kerrigan*, Secretary **4/17/00** (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JUANITA I. KERRIGAN

CR2E034 (9/99)