

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90037 010 \*\*\*150.00

**DOCUMENT # 623845**

1. Entity Name

**VALLEY MORTGAGE AND INVESTMENT CORPORATION**

Principal Place of Business

609 CEDAR CREEK GRADE  
STE A  
WINCHESTER VA 22601

Mailing Address

609 CEDAR CREEK GRADE  
STE A  
WINCHESTER VA 22601

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 **54-0790729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MOLDEN, MILLI M**  
**102 TALL PINE LANE #2108**  
**NAPLES FL 33433**

7. Name and Address of New Registered Agent

Name

**MIMI M. MOLDEN**

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

**102 TALL PINE LANE #2108**

**NAPLES**

**FL**

**33433**

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

*Mimi M. Molden*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE **P** ☒ Delete  
NAME **CESNIK, MIMI M**  
STREET ADDRESS **609 CEDAR CREEK GRADE SUITE A**  
CITY-ST-ZIP **WINCHESTER VA**

TITLE **T** ☐ Delete  
NAME **MOLDEN, ED L**  
STREET ADDRESS **609 CEDAR CREEK GRADE SUITE A**  
CITY-ST-ZIP **WINCHESTER VA 22601**

TITLE **S** ☒ Delete  
NAME **BURKHART, DAWN R-**  
STREET ADDRESS **609 CEDAR CREEK GRADE SUITE A**  
CITY-ST-ZIP **WINCHESTER VA 22601**

TITLE **VS** ☒ Delete  
NAME **MOLDEN, ED L**  
STREET ADDRESS **609 CEDAR CREEK GRADE SUITE A**  
CITY-ST-ZIP **WINCHESTER VA**

TITLE **V** ☒ Delete  
NAME **MOLDEN, CHRISTOPHER A**  
STREET ADDRESS **609 CEDAR CREEK GRADE SUITE A**  
CITY-ST-ZIP **WINCHESTER VA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **MIMI M. MOLDEN**  
STREET ADDRESS **2654 VALLEY AVE. STE D**  
CITY-ST-ZIP **WINCHESTER, VA 22601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **JENNIFER D. FANNING**  
STREET ADDRESS **2654 VALLEY AVE STE D**  
CITY-ST-ZIP **WINCHESTER, VA 22601**

TITLE **VP** ☒ Change ☐ Addition  
NAME **ED L MOLDEN**  
STREET ADDRESS **609 CEDAR CREEK GRADE STE A**  
CITY-ST-ZIP **WINCHESTER, VA 22601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Mimi M. Molden President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-01**

Date

**540-667-3900**

Daytime Phone #

CR2E034 (10/00)