2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

P.O. BOX 7445

934 BROADWAY

PADUCAH KY 42002

841667 **DOCUMENT #**

1. Entity Name

934 BROADWAY

US

PADUCAH KY 42002

Principal Place of Business

MORTGAGE & INVESTMENT COMPANY OF PADUCAH



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90113 044 ***150.00

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| US | | | | | | | | | | | | | |
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| 2. Principal F | Place of Busin | 3. Mailing Address | | | | | 11 | | 8 8211 0 81111 148 | | () #)#() #(#); | D4041 B7871 1801 | |
| 1200 Broadway | | | |) Broadway | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| P.O. Box 7603 | | | P.O. Box 7603 | | | | | | | | | | -: |
| City & State | | | City & State | | | | 4. | FEI No | ^{umber} 61-066 | 3727 | | | pplied For |
| Paducah, KY | | | Paducah, KY | | | | | | | | | | ot Applicable |
| Zip | Country | | | Zip Coun | | | 1 5. Certificate of Status Desire | | | esired [| d S8.75 Additional | | |
| 42002-7603 USA | | | 42002-7603 US | | | 7 | 7. Name and Address of New Registered Agent | | | | | au . | |
| 6. Name and Address of Current Registered Agent | | | | | | Name | /, | Name | and Address of | New Hegis | ierea Ag | jent | |
| AVEDICIAN FUCADETH D | | | | | | Name . | | | | | | | |
| AVEDISIAN, ELISABETH B. | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 7795 PINE TRACE | | | | | ļ | | | | | | | | |
| SARASUI | TA FL 3424: | 6 (5° | | | | | | | | | | | |
| | | | | | City FL Zip Code | | | | | | | le | |
| 8. The above | named entit | submits this statement for t | he purpos | se of changing its | registere | d office or | registered ag | gent, o | r both, in the Sta | te of Florida. | I am fai | miliar with, | and accept |
| the obligat | tions of regist | ered agent. | | | _ | | • | | | | | | |
| alovature. | | e . | | | | | | | | | | | } |
| SIGNATURE . | Signature, typed | or printed name of registered agent and | d title if applica | able. {NOTE | : Registered | Agent signatu | re required when re | reinstating | g) | | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | 9. | . Election Camp Trust Fund Cor | - | ng 🗆 | | 00 May Be d to Fees | |
| 10. | 1.5 | OFFICERS AND D | IRECTOR: | S | 11. | | AD | DDITIC | NS/CHANGES | TO OFFICER | S AND C | DIRECTOR | S IN 11 |
| TITLE | PTDS | | | ☐ Delete | TITLÉ | | | | | | K | Change | Addition |
| NAME | | N, ELIZABETH B | | | NAME | | | | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | 1200 B | 00 Broadway | | | | | |
| CITY-ST-ZIP | | KJKYC90000 | | | CITY- | ST-ZIP | Paducal | <u>h, I</u> | KY 42001 | | | | |
| TITLE | ST | | | Delete | TITLE | | | | | | [| Change | Addition |
| NAME | | CLYDE B. | | | NAME | | | | | | | | Ì |
| STREET ADDRESS | | | | | | ET AODRESS | | | | | | | · [|
| CITY-ST-ZIP | PADUCAH | KY | | | CITY- | ST-ZIP | | | | | | | |
| TITLE | Vi co-P | resident | | ☐ Delete | TITLE | | | | | | [| Change | ☐ Addition |
| NAME | | Jackson | | | NAME | | | | | | | | |
| STREET ADDRESS | | | h KV | 7 42001 | | T ADDRESS | | | | | | | 1 |
| CITY-ST-ZIP | | roadway, Paduca | ш, кі | 42001 | CITY- | ST-ZIP | | | | | | | |
| TITLE | Secret | ary/Treasurer | | ☐ Delete | TITLE | | | | | | [| ☐ Change | ☐ Addition |
| NAME | | ald Jackson | | | NAME | | | | | | | | ļ |
| STREET ADDRESS* | 1200 B | roadway, Paduca | h, KY | 42001 | | et address | | | | • | | | ļ |
| CITY-ST-ZIP | | | | | CITY- | ST-ZIP | | | | | | | |
| TITLE | | | • | ☐ Delete | TITLE | | | | | | [| Change | Addition |
| NAME | | | | | NAME | | | | | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | | | | { |
| City-St-Zip | | | | | CITY- | ST-ZIP | | | | | | | |
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| NAME | | | | | NAME | | | | | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | | | | , |
| CITY-ST-ZIP | | | | | CITY- | ST-ZIP | | | | | | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ELISABETH B. AVEDISIAN

04/28/03

Date

(270) $442 \div 3433$