

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000060866

1. Entity Name
BARONESS MORTGAGE CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90957 050 ***158.75

Principal Place of Business 309 WALNUT STREET CORINTH NY 12822	Mailing Address P.O. BOX 25 CORINTH NY 12822
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 309 Walnut Street Suite, Apt. #, etc.
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City & State Corinth, NY	4. FEI Number 14-1813620	Applied For Not Applicable
Zip 12822	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FRECHETTE, CATHLEEN
2706 EAST GRAND RESERVE CIRCLE, SUITE 1110
CLEARWATER FL 33759

7. Name and Address of New Registered Agent
Name: Frechette, Cathleen
Street Address (P.O. Box Number is Not Acceptable): 2707 East Grand Reserve Circle Suite 1414
City: Clearwater FL Zip Code: 33759

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: Cathleen Frechette president (Signature, typed or printed name of registered agent and title if applicable.)
(NOTE: Registered Agent signature required when reinstating)
DATE: 4/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRECHETTE, CATHLEEN A 2706 EAST GRAND RESERVE CIRCLE, SUITE 1110 CLEARWATER FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frechette, Cathleen A. 2707 East Grand Reserve Circle Suite 1414 Clearwater, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Cathleen A. Frechette president
DATE: 4/27/01
DAYTIME PHONE #: 727-725-1847

CR2E034 (10/00)