2002 UNIFORM BUSINESS REPORT (UBR)

May 09, 2002 8:00 am § Secretary of State F00000003918 DOCUMENT # 1. Entity Name 05-09-2002 90002 008 ***150.00 AAANCHOR MORTGAGE LENDERS, INC. Mailing Address Principal Place of Business 7301A WEST PALMETTO PARK ROAD. #301C 7301A WEST PALMETTO PARK ROAD. #301C **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 22449 MAN 2249 Montella AVE Martella /2/8 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 58-1521457 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHELAN, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 22449 MARTELLA AVENUE **BOCA RATON FL 33433** Zip Code City Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE PHELAN, MICHAEL P 22449 MARTELLA AVE BOCA RATON FL 33433 NAME 7301A WEST PALMETTO PARK RD., #301C STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME. --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exployed.

FILED