

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90151 008 ***150.00

DOCUMENT # F02000000749

1. Entity Name
PROBITY NATIONAL MORTGAGE CORP.



Principal Place of Business
**3101 INGERSOLL STE. 203
DES MOINES IA 50312**

Mailing Address
**3101 INGERSOLL STE. 203
DES MOINES IA 50312**



2. Principal Place of Business

1501 42nd St

Suite, Apt. #, etc.

445

City & State

West Des Moines, IA

Zip

50266

Country

USA

3. Mailing Address

1501 42nd St

Suite, Apt. #, etc.

445

City & State

West Des Moines, IA

Zip

50266

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **42-1493946**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PETERSON, MICHAEL E**
STREET ADDRESS **3101 INGERSOLL STE. 203**
CITY-ST-ZIP **DES MOINES IA 50312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Peterson, Michael E**
STREET ADDRESS **1501 42nd St Ste 445**
CITY-ST-ZIP **West Des Moines IA 50266**

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

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

MICHAEL E PETERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 515-255-0513

Date

Daytime Phone #

CR2E034 (10/02)