2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F02000002153 **DOCUMENT #**

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90045 015 ***150.00

110IVZE	III MORIGAGE AND INVES	DIMENT CORP.			
Principal Place of Business 336 OCEAN PKWY, BERLIN MD 21811		Mailing Address 336 OCEAN PKWY. BERLIN MD 21811			
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
0107 0 01 1-710 100				☐ CHECK HERE IF MAKING CHANGES	
Citÿ & St	ate	City & State	w. 	32-2092097	lied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addit	Applicable tional
	6. Name and Address of Curren	It Registered Agent		7. Name and Address of New Registered Agent	
THOMAS			Name	Wallie the Address of New Registered Agent	
THOMAS A. TUCKER RONZETTI, III ATTOR 2800 FIRST UNION FINANCIAL CENTER		NEY AT	Street Addre	uss (P.O. Box Number is Not Acceptable)	·
	TH BISCAYNE BLVD		,		
	. 33131-2335		City		
9 The above	o named active submits the		'	FL Zip Code	
the obliga	ations of registered agent.	or the purpose of changin	g its registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, ar	nd accept
SIGNATURE					ļ
	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered Agent signature req	uired when reinstating) DATE	
	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00	
Make Chec	ck Payable to Florida Department o	of State		Trust Fund Contribution. Added to	May Be Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 11
TITLE NAME	CP RONZETTI, THOMAS A	☐ Delete	TITLE		Addition
STREET ADDRESS			NAME STREET ADDRESS	•	
CITY-ST-ZIP	BERLIN MD 21811				1
TITLE NAME			CITY-ST-ZIP		j
STREET ADDRESS		☐ Delete	TITLE	☐ Change [☐ Addition
OTHER HODIESS		☐ Delete	TITLE NAME	☐ Change [☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: