

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005949

1. Entity Name

DIVERSEAMERICAN MORTGAGE COMPANY

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90139 040 ***150.00

Principal Place of Business

Mailing Address

4372 POST ROAD
 EAST GREENWICH RI 02818

4372 POST ROAD
 EAST GREENWICH RI 02818-4123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0446624

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name
Stephen Ponder, Esq

Street Address (P.O. Box Number is Not Acceptable)
114 S. Palmetto Ave

City
Daytona Beach

FL

Zip Code
32114

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

Stephen Ponder

4/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P MERCIER, LORI	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 4372 POST ROAD		STREET ADDRESS	
CITY-ST-ZIP EAST GREENWICH RI		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME CEO MARZOCCHI, MICHAEL	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 4372 POST ROAD		STREET ADDRESS	
CITY-ST-ZIP EAST GREENWICH RI		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME S FRY, SUZANNE O	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 4372 POST ROAD		STREET ADDRESS	
CITY-ST-ZIP EAST GREENWICH RI		CITY-ST-ZIP	
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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 empowered.

SIGNATURE:

Lori Mercier

REQUIRED Lori Mercier

4/28/00

401-885-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)