## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # F9800006515 1. Entity Name TWINS MORTGAGE CORP. 05-03-2001 90998 037 \*\*\*150.00 Principal Place of Business Mailing Address 1150 BRIDGE NILL AVE 1150 BRIDGE NILL AVE CANTON GA 30114 CANTON GA 30114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-3817351 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANNING, TERI Street Address (P.O. Box Number is Not Acceptable) 2210 W HILLS AVE TAMPA FL 33606 Zip Code City 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 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CVST Change ☐ Addition ☐ Delete TITLE President TITI F CANNING. TERI NAME NAME ten Cannır STREET ADDRESS 4906 NW 65TH WAY STREET ADDRESS 1150 Bridge 1 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete TITLE Addition TITLE CANNING, STEVEN NAME on Gank NAME 4906 NW 65TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS