

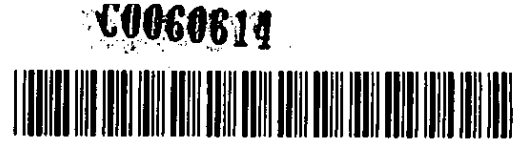
# 2001 UNIFORM-BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90137 025 \*\*\*150.00

**DOCUMENT # F98000007089**  
 1. Entity Name  
**PINE STATE MORTGAGE CORPORATION**

Principal Place of Business <b>6065 ROSWELL RD., STE. 120          ATLANTA GA 30328</b>	Mailing Address <b>6065 ROSWELL RD., STE. 120          ATLANTA GA 30328</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>58-1932034</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCDUFFIE & JONES INVESTIGATIONS  
 1715 STICKNEY POINT RD. B-5  
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b>
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	S	<input type="checkbox"/> Delete
NAME	MOTLEY, JEANNE	
STREET ADDRESS	11820 MOUNTAIN LAUREL DR.	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	MOTLEY, ROBERT H	
STREET ADDRESS	11820 MOUNTAIN LAUREL DR.	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOOD, WILLIAM F	
STREET ADDRESS	115 MAJOR CT.	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	C	<input type="checkbox"/> Delete
NAME	JABLONSKI, ROBERT	
STREET ADDRESS	1276 MONROE DRI	
CITY-ST-ZIP	ALTANTA GA 30301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Jablonsky	
STREET ADDRESS	1276 Monroe Dr.	
CITY-ST-ZIP	Atlanta GA 30301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Robert J. Jablonsky **4-30-01** **404-252-5272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)