2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} DOCUMENT # F99000002567 Jul 26, 2000 8:00 am 1. Entity Name Secrétary of State EAGLE MORTGAGE FINANCIAL SERVICES, INC. 07-26-2000 90009 012 ***150.00 Principal Place of Business Mailing Address 1131 LESSEPS ST. #A NEW ORLEANS LA 70117 2. Principal Place of Business 3. Mailing Address 7540 S. Fedural Hay Settly 301 marais Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 72-1437934 New ORILANS Not Applicable \$8.75 Additional RLUANL 5. Certificate of Status Desired HIM BUACH 1011 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILMORE, NORINE Street Address (P.O. Box Number is Not Acceptable) 7540 S. FEDERAL HWY STE 104 **HYPOLUXO FL 33462** City Zip Code FL 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. Addition **CPT** ☐ Change TITLE Delete TITLE NAME GILMORE, NORINE NAME STREET ADDRESS STREET ADDRESS 6009 TRIPHAMMER RD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ■ Addition ☐ Change TITLE TITLE NAME NAME TRICHE, KAREN STREET ADDRESS STREET ADDRESS 1131 LESSEPS ST. #A CITY-ST-ZIP CITY-ST-7IP **NEW ORLEANS LA 70117** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

HANDSULMARE WERTHD GILMURE

1/21/00

541-588-6262

Daytime Phone #

HAT ACHMONT BO103589 BO103589

"Soaring with Service"

7/21/00

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL,

Dear Division of Corporations

Attached is my UBR form along with a check for \$150.00. I contacted your office today and spoke with Christin because I received a 2nd notice and renewal for \$500.00, but I never got the first notice. When I filed in 1999, I was told that a notice would be mailed to me and the fee was \$150.00. She told me to include a letter with payment.

Your consideration is most appreciated. If you have any questions, please call me.

Sincerely, President