2001 UNIFORM BUSINESS REPORT (UBR)							FIL	ED				
DOCUMENT # H28158 1. Entity Name RICHARD RAHALL MORTGAGE CO., INC.						Apr 30, 2001 08:00 AM Secretary of State						
Principal Plac 1135 PASADEN STE 100 ST. PETERSBU 33710	NA AVE S	Mailing Address 1135 PASADENA AVE S STE 100 ST. PETERSBURG 33710	US	FL								
2. Principal P	Place of Business NA AVE S	3. Mailing Address 1135 PASADENA AVE S										
Suite, Apt.		Suite, Apt. #, etc. STE 100					DO NOT	WRITE IN THI	S SPACE		_ = 1 :	_
City & Stat south Pasai Zip		City & State south pasadena Zip	Coun	FL		FEI Numb 59-2463				Applied Not Appl	licable	
33707	us	33707	us	и у	5.	. Certificate	e of Status Desir	ed 🗌	\$8.75 Fee Req	Additional uired	l	
	6. Name and Address of Current	Registered Agent	-		7.	Name an	d Address of Ne	w Registere				
RAHALL 1135 PASAI STE 100 ST. PETER:	RICHARD DENA AVE S SBURG F	L		1135 PAS			per is Not Accept	able)		·		
33710	US			City						Codo	·	
				SOUTH I	PASADENA				L Zip (Code 0 <u>7</u>		
SIGNATURE .	signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: i	Registere	d Agent signatur	re required when		oth, in the State o		0/2001		[_] .	
Tax filing r (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	Fee	will be \$5	50.00		lection Campaig rust Fund Contrib	~		5.00 Mag ided to Fe		
11.	OFFICERS AND		12.			ADDITIONS	CHANGES TO	OFFICERS A			<u>_</u>	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAHALL, KIMBERLY 113 - 5TH ST., E. TIERRA VERDE	∟l Delete FL			VT RAHALL, 113 - 5TH TIERRA V		LY	FL	33715	nge 🔲 A	Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAHALL, RICHARD 113 - 5TH ST., E. TIERRA VERDE	☐ Delefe ,			DPS RAHALL, 113 - 5TH TIERRA)	FL	33715	nge 🗆 A	- <u>-</u> Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITU NAM STRE		TIERICA .	·EIGE			☐ Char	nge 🔲 A	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	E Et adoress -St-Zip					☐ Char	. –	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport, or on an attachment with an address, v	true and accurate and that my wered to execute this report as	COMP	ilire shall ha	iva tha com	a ianal affa	et se if mada un	dar anth, that	I am an off	ioor or dire	otor	
SIGNAT		ZINTED NAME OF SIGNING OFFICER OF		OR .		VT	04/30/2001 Date		Daytime Phor		<u> </u>	ļ