

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2000 90068 028 ***150.00

DOCUMENT # K07157

1. Entity Name
COAST TO COAST MORTGAGE SERVICES OF FLORIDA, INC

Principal Place of Business 1751 MOUND STREET #106 2389 RINGLING BOULEVARD SUITE A SARASOTA FL 34237 US	Mailing Address 1751 MOUND ST 106 SARASOTA FL 34236-7752 US
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2. Principal Place of Business 152 E. MAIN STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 470 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FOREST CITY N.C.	City & State FOREST CITY N.C.
Zip 28043	Zip 28043
Country U.S.	Country U.S.

4. FEI Number 65-0015451	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ANDREWS, K JAMES
1911 ROLLING GREEN CIRCLE
SARASOTA FL 34240

7. Name and Address of New Registered Agent
 Name: **STEPHEN F. VOIGT, P.A.**
 Street Address (P.O. Box Number is Not Acceptable):
2414 BEE RIDGE RD
 City: **SARASOTA** FL Zip Code: **34239**

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]* **PRESIDENT** **4/25/00**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ANDREWS, K. JAMES JR 1751 MOUND ST #106 SARASOTA FL <i>152 E. MAIN ST FOREST CITY N.C.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 28043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NOTE CORP HAS CHANGED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NAME TO: PIEDMONT MORTGAGE, INC.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **4/25/00** **828 247 1255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)