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	Mailing Address
1751 MOUND STREET #106 2389 RINGLING BOULEVARD SUITE A SARASOTA FL 34237 US	1751 MOUND ST 106 SARASOTA FL 34236-7752 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
152 E. MAIN STREET	P.O. BOX 470
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FOREST CITY N.C.	City & State: FOREST CITY N.C.
Zip: 28043 Country: U.S.	Zip: 28043 Country: U.S.

4. FEI Number 65-0015451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDREWS, K JAMES 1911 ROLLING GREEN CIRCLE SARASOTA FL 34240	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: K. [illegible] 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS ANDREWS, K. JAMES JR ~~1751 MOUND ST S106~~ 152 E. MAIN ST ~~SARASOTA FL~~ FOREST CITY NC 28043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NOTE CORP HAS CHANGED	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NAME TO: PIEDMONT MORTGAGE, INC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: K. [illegible] PRESIDENT 4-25-00 8082471255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #