

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. | 4. FEI Number 65-0015451 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 28043 | Country U.S. | Zip 28043 | Country U.S. |

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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 |
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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. **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 #106 SARASOTA FL <i>152 E. MAIN ST FOREST CITY N.C.</i> | 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"/> Delete 28043 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NOTE CORP HAS CHANGED | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME TO: PIEDMONT MORTGAGE, INC. | 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"/> Delete | 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"/> Delete | 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)