FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 30, 2001 8:00 am **DOCUMENT # K11694** Secretary of State BAY FRONT MORTGAGE, INC. 03-30-2001 90355 022 ***150.00 Principal Place of Business Mailing Address 5331 COMMERCIAL HWY 5331 COMMERCIAL WAY SUITE 113 <u> ԱՄՄՅՑՅՀԾ</u> SHITE 113 SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address 5331 COMMERCIAL WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 113 City & State SPRING HILL City & State 4. FEI Number Applied For 59-2872064 FLNot Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34606 US--Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLIP L HERMAN OSLANCE, DONALD JAMES Street Address (P.O. Box Number is Not Acceptable) 5331 COMMERCIAL WAY 5331 COMMERCIAL WAY SUITE 113 SUITE 113 SPRING HILL FL 34606 Zip Code 34606 City SPRING HILL urpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity adomits PHILLIP L. HERMAN, PRESIDENT 3/27/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!-FEE IS \$150:00----10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. TITLE X Delete OSLANCE, DONALD JAMES NAME HERMAN, PHILLIP L. STREET ADDRESS 5331 COMMERCIAL WAY #113 STREET ADDRESS 5331 COMMERCIAL WAY STE 113 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 SPRING_HILL_FL_34606 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an other like empowered.

PHILLIP L. HERMAN, PRESIDENT 3/27/01

352-597-1603