2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am **DOCUMENT #** K83164 **Secretary of State** 1. Entity Name 03-20-2002 90030 038 ***150.00 KENDALL MORTGAGE CORPORATION Mailing Address Principal Place of Business 124 COUNTRY CLUB DRIVE 124 COUNTRY CLUB DRIVE TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2943459 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENDALL, GLORIA G Street Address (P.O. Box Number is Not Acceptable) 124 COUNTRY CLUB DRIVE TITUSVILLE FL 32780 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME KENDALL, GLORIA G. NAME STREET ADDRESS 124 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME KENDALL, ANA M. STREET ADDRESS STREET ADDRESS 124 COUNTRY CLUB DR CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change PD NAME NAME KENDALL, JOHN.W._ STREET ADDRESS STREET ADDRESS 124 COUNTRY CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE 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

3-6-02

(321) 2760113

VICE PRESIDENT & DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: GLORIA G. KENDALL