2003 FOR PROFIT CORPORATION

FILED Apr 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** L29424 DOCUMENT # 1. Entity Name 04-02-2003 90058 039 ***150.00 HALL MORTGAGE CORPORATION Principal Place of Business Mailing Address 2980 HARTLEY ROAD 2980 HARTLEY ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3214725 Not Applicable Zip Country-Zip Country \$8:75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEWTON, CLIFFORD B Street Address (P.O. Box Number is Not Acceptable) 10192 SAN JOSE BOULEVARD JACKSONVILLE FL 32257 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE HALL, STEPHEN G NAME NAME STREET ADDRESS 11858 LITTLE CREEK LANE STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITI F NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Change

☐ Addition

CR2E034 (10/02)