2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # L29911** Mar 04, 2000 8:00 am Secretary of State 1. Entity Name U.S. MORTGAGE LENDERS, INC. 03-04-2000 90007 033 ***150.00 Principal Place of Business Mailing Address BUSINESS PARK PL 1282'NW)BUSINESS PARK PL IENCEN BEACH FL 34957 JENSEN BEACH FL 34957-5319 1 10030 US 2. Principal Place of Business 3. Mailing Address 1282 NE Business Park Place 1282 NE Business Park Place Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 93-0925542 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAUNTT, JENNIFER K Street Address (P.O. Box Number is Not Acceptable) 1282 N.E. BUSINESS PARK PLACE JENSEN BEACH FL 34957 Zip Code City 🗈 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, typed or printed name of registered agent and title if applicable DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Fayable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Addition TITLE KEYES, NANCY 1282 N.E. BUSINESS PARK PLACE STREET ADDRESS CITY-ST-ZIP ST-719 JENSEN BEACH FL 34957 PD ☐ Change Addition Delete TITLE GAUNTT, JENNIFER K NAME STREET ADDRESS 1282 NE BUSINESS PARK PL CITY-ST-ZIP ST- ZIP JENSEN BCH FL 34957 ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME · ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NUMBERS STREET ADDRESS CITY-ST-ZIP ST-ZIP I hereby certify that the information sup-indicated on this report or supplementa

filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be execute this legal to as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truste changed, or on an attachment with an ad-

Jennifer K. Gauntt

2/11/00

561-225-2855