

**2001 UNIFORM BUSINESS REPORT (UBR)**

102

DOCUMENT # M33789  
 1. Entity Name  
Provident Capital Corporation

**FILED**

01 DEC 20 AM 10:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
3475 Sheridan St.  
Suite 206  
Hollywood, Fl. 33021

2. Principal Place of Business 3. Mailing Address  
~~3475~~ yes 3475 Sheridan St  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
206

DO NOT WRITE IN THIS SPACE

City & State City & State  
Hollywood Fl.  
 Zip Country Zip Country  
33021 USA.

4. FEI Number 59-2683467 Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Bondow Michael R.  
541 S. State Rd. 7  
STE #15  
Margate, Fl. 33068

7. Name and Address of New Registered Agent  
 Name Bryant D. Fravel  
 Street Address (P.O. Box Number is Not Acceptable)  
3475 Sheridan St Suite 206  
 City Hollywood FL Zip Code 33021

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 B. D. Fravel Bryant D. Fravel President 12-09-01  
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. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME	<u>Bryant D. Fravel</u> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<u>President, Treasurer</u> <u>Bryant D. Fravel</u> <u>3475 Sheridan St Suite 206</u> <u>Hollywood, Fl. 33021</u>
TITLE NAME	<u>Treasurer</u> <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<u>William Spigel</u> <u>4989 W. Atlantic Ave.</u> <u>Delray Beach, Fl. 33445</u>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<u>President, Treasurer</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<u>Bryant D. Fravel</u> <u>3475 Sheridan St. Suite 206</u>
TITLE NAME	<u>President</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<u>Mike Zein</u> <u>3475 Sheridan St. Suite 206</u> <u>Hollywood, Fl. 33021</u>
TITLE NAME	<u>Secretary</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<u>Susan Anne Walker</u> <u>3475 Sheridan St. Suite 206</u> <u>Hollywood, Fl. 33021</u>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

LS  
 100004745551-3  
 -12/31/01--01085--003  
 \*\*\*\*158.75 \*\*\*\*158.75

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: B. D. Fravel 12/09/01 (561) 498-9300

CR2E034 (5/01)

Provident Capital Corporation

a wholly owned subsidiary of

Preferred Mortgage Investments, Inc.

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Divisions Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement

To Whom It May Concern,

I have enclosed the Uniform Business Report for reinstatement. I never received the report for timely filing. Upon further investigation I noticed on-line that the mailing address was incorrect. The company had been purchased as Empire Mortgage in Feb. 2001 and a name and address change was submitted to the state and accepted but not corrected on line.

I have enclosed a check for \$158.75 to cover the expense and certificate of status. Please note that a new address has been noted.

I thank you in advance for your timely execution of the above.

Respectfully Yours,  
Bryant D. Fravel  
(561) 498-9300

