3-5

3/26/02-90087-039-\$50.00-\$50.00 \* 4/2/02-90957-008-\$50.00-\$50.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	N-MORTGAGE & FINANCE, L		SECRETARY OF STATE  DIVISION OF CORPORATIONS  02 APR 22 PM 4: 03							
VIH	nam Mortaga	e 2 tino	$\mathcal{U}\mathcal{N}$	0,110			11 4 0	Ų		
Principal Place	e of Business	Mailing Address		•						
101 INDUSTRI EATONTON G		101 INDUSTRIAL BLVD. EATONTON GA 31024								
		•				·				_
2 Principal P	lace of Business	3. Mailing Address		<b>⊢ }</b>					L	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS S	PACE		
City & State		City & State		4. FEIN	4. FEI Number 58-2493981 Applied Fo Not Applie			opiled For ot Applicable	}	
Zip Country		Zip Coun		try	5. Certif	ficate of Status Desired		5.00 Ad		1
	6. Name and Address of Current I	Pagistered Agent		Γ	7. Name	e and Address of New F	·	ee Require		1
+	O. Raille and Address of Current		بجس	~ Name —			= -		<del>ق</del> ستھر . ۔ 	1.
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Addre	ss (P.O. Box N	lumber is Not Acceptabl	9)			]=
PLA	INTATION FL 33324					•				1
				City			FL	Zip Coo	e	1
8. The above	named entity submits this statement for	the purpose of changing its	s register	ed office or regi	stered agent,	or both, in the State of Fl	orida.			1
SIGNATURE				-						
SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if applicable. (NO	TE: Registere	d Agent eignature rec	uland when reinstati	ng)	DATE		<u>_</u>	-
				FEE IS \$50.0						l
		Make Check Pa		o Departmen ay 1, 2002	it of State					
	WALL CINC HELDE		10.	ay 1, 2002		ADDITIONS	CHANGES			1
9. ΠΠΕ	MANAGING MEMBE	Delete	TITL			ADDITIONS		☐ Change	Addition	Ì€
NAME	WEEKS, WILLIAM I		NAM							CR2E083 (9/01)
STREET ADDRESS	144 BARRINGTON HALL DRIVE			ET ADDRESS -ST-ZIP						18
CITY-ST-ZIP	EATONTON GA 31024	☐ Delete	TITL	<del></del>			<del></del>	Change	☐ Addition	볹
TITLE NAME	MGRM HARTY, DAVID	L.I Delate	NAM							
STREET ADDRESS	120 BARRINGTON HALL DRIVE			ET ADDRESS						İ
CITY-ST-ZIP	EATONTON GA 31024	<u> </u>	-	-ST-ZIP				□ 0h====	- Davidsia	┨
TITLE		☐ Delete	NAM					☐ Change	☐ Addition	
STREET ADDRESS	en e		والمراجع الأعامي	ET ADDRESS					ونسوته بالمستع	
CITY-ST-ZIP	•		CITY	-ST-ZIP		·				1/
TITLE		☐ Delete	TITL	i		, <del>-</del> ,∗		☐ Change	Addition _	r
NAME STREET ADDRESS			NAM STRE	ET ADDRESS		\ چهر				Ì
C/TY-ST-ZIP			CITY	-ST-ZIP		The same of the sa				
TITLE		☐ Delete	TITU			<b>W</b>		☐ Change	☐ Addition	1
NAME			KAM	E ET ADORESS						
STREET ADDRESS   CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITU					Change	☐ Addition	
NAME			NAM	- 1					1	}
STREET ADDRESS CITY-ST-ZIP				et adoress -St-Zip						
11 I berehvir	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify fo that my signature shall have	y the exe	motion stated in	Section 119.0	07(3)(i), Florida Statutes. r oath; that I am a mana	further certiging member	fy that the i	nformation	
limited lia	billity company or the regions or trustee	empowered to execute this	report as	required by Cl	napter 608, Flü	orida Statutes.	J. 1	196	62	
SIGNAT	URE: AND TYPED OR PRINTED HAME OF	BIGNING MANAGING MENDER, MA	MAGER, OR	AUTHORIZED REPF	RESENTATIVE		4	dirina Phone #		ĺ