## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2001 08:00 AM P00000030751 DOCUMENT# 1. Entity Name **Secretary of State** CREATIVE MORTGAGE CORPORATION OF S.W. FLORIDA Principal Place of Business Mailing Address 2038 NE 18TH ST. 2038 NE 18TH ST. CAPE CORAL FL CAPE CORAL FL33909 33909 2. Principal Place of Business 3. Mailing Address 2038 NE 18TH ST. 2038 NE 18TH ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CAPE CORAL FL CAPE CORAL 65-0995427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCHOLTZ MARK BUCHOLTZ MARK 2038 NE 18TH ST. Street Address (P.O. Box Number is Not Acceptable) 2038 NE 18TH ST. CAPE CORAL FL33909 City Zip Code CAPE CORAL 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. 04/20/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME BUCHOLTZ MARK BUCHOLTZ NAME MARK STREET ADDRESS 2038 NE 18TH ST. STREET ADDRESS 2038 NE 18TH ST. CITY-ST-ZIP CAPE CORAL $\mathbf{FL}$ 33909 CAPE CORAL CITY-ST-ZIP 33909 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: MARK BUCHOLTZ 04/20/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #