

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90270 018 \*\*\*150.00

DOCUMENT # P00000053361

1. Entity Name  
**LOTUS MORTGAGE CORPORATION**

Principal Place of Business

Mailing Address

2629 BULRUSH LN  
 NAPLES FL 34105

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 NAPLES FL 34105

UU011483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2403 TRADE CTRWAY**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SUITE #104**

Suite, Apt. #, etc.

City & State  
**NAPLES FL**

City & State

4. FEI Number  
**59-3649199**

Applied For  
 Not Applicable

Zip  
**34109**

Country  
**COLORED**

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTON, KENNETH**  
**7225 PELICAN BAY BLVD #2004**  
**NAPLES FL 34109**

Name  
**MICHELLE "TIGER" LASSUS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2530 ASPEN CREEK LANE #207**  
 City  
**NAPLES** FL Zip Code  
**34109**

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 **TIGER LASSUS PANSIENI** **M LASSUS** 1/16/2001  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**PRESIDENT**  
 NAME  
**MICHELLE TIGER LASSUS**  
 STREET ADDRESS  
**2530 ASPEN CREEK LANE #207**  
 CITY-ST-ZIP  
**NAPLES FL 34119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 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: **[Signature]** 1/16/2001 9415949850  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)