


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 91148 032 ***158.00

DOCUMENT # P00000053361
1. Entity Name
Lotus Mortgage Corporation



DO NOT WRITE IN THIS SPACE

90127019

2. Principal Place of Business
2403 TRADE CENTER WAY #4
Suite, Apt. #, etc. #4
City & State NAPLES, FL

3. Mailing Address
2403 TRADE CTR WAY #4
Suite, Apt. #, etc. #4
City & State NAPLES, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3649199 Applied For Not Applicable

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

6. Zip 34109 Country U.S. 7. Zip 34109 Country U.S.

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name MICHELLE A. LASSUS
Street Address (P.O. Box Number is Not Acceptable) 2629 BULVAUGH LANE
City NAPLES FL Zip Code 34105

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
<u>PRESIDENT MICHELLE A. LASSUS 2629 BULVAUGH LANE NAPLES, FL 34109</u>	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/28/03 DAYTIME PHONE # 239-594 9850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)