

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 25, 2001 8:00 am
Secretary of State

05-10-2001 90123 021 ***150.00

DOCUMENT # P00000063480

1. Entity Name
SEVENTEEN MORTGAGE HOLDER, INC.

| | |
|---|---|
| Principal Place of Business 4595 LEXINGTON AVE. JACKSONVILLE FL 32210 | Mailing Address 4595 LEXINGTON AVE. JACKSONVILLE FL 32210 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3663391 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent BALLARD, CATHERINE 4595 LEXINGTON AVE. JACKSONVILLE FL 32210 | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | Name Shirley Moore | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) SAME | | | |
| | | | | City FL Zip Code | | | |

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 Shirley Moore DATE 5/24/01
Signature, typed or printed name of registered agent, and title if applicable (NC: Registered Agent signature required when reinstating)

| | | | |
|--|--|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|--|---------------------------------|--|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Douglas J Milne 4595 Lexington Ave Jacksonville, FL 32210 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 empowerers.

SIGNATURE: DJ Milne DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)