2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90276 030 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000086299

1. Entity Name
T.M.Y. Mortgage Consultants, Inc.

Principal Place of Business	Mailing Address
3948 SUNBEAM RD STE 8G JACKSONVILLE, FL 32257	P.O. BOX 56465 JACKSONVILLE, FL 32241-6465

2. Principal Place of Business	3. Mailing Address
3948 SUNBEAM RD, STE 8G	P.O. BOX 56465
Suite, Apt #, etc. 8G	Suite, Apt #, etc.
City & State JACKSONVILLE, FLORIDA	City & State JACKSONVILLE FL
Zip 32257 — Country DUVAL	Zip 32241-6465 — Country DUVAL

4. FEI Number 59-3670425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SYLVIA M. THOMAS
3948 SUNBEAM ROAD, STE 8G
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent
Name SYLVIA M. THOMAS
Street Address (P.O. Box Number is Not Acceptable) 3948 SUNBEAM ROAD
STE 8.G
City JACKSONVILLE FL Zip Code 32257

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 S M Thomas

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / SYLVIA M. THOMAS / 3948 SUNBEAM RD, STE 8G / JACKSONVILLE, FL 32257 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: S M Thomas 4/30/2001 904-880-9499

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