2000 UNIFORM BUSINESS REPORT (UBR)

	John Oran Boo	MEGO IVEI O		COLIN								
DOCUN	MENT # P000000869		FILED									
1. Entity Nam	e	-										
			01 OCT 15 PM 5:00									
	ORTGAGE OF CENTRAL F											
Principal Place of Business Mailing Address 7004 STONE CHAPEL COURT 7004 STONE CHAPEL COURT						SECRETARY OF STATE TALLAHASSEE, FLORIDA						
ORLANDO, FL 32818 ORLANDO, FL 32818						TALLAMASSEE, PLOMBA						
OKLANDO,	1 6 02010	ONENIDO, LE C	2010			, .						
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2. Principal P	lace of Business	3. Mailing Address						1				
1801 E CO	LONIAL DR	1801 E COLONIAL DR				·						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
SUITE 107		SUITE 107 City & State			-						٦	
City & State		ORLANDO, FL			- 1	4. FEI Number 59-3665502			Applied For Not Applicable			
DRLANDO, FL Zip Country		Zip		Country			s	A ===	Additiona		┨ .	
32818	U.S.A.	32818	U.S.A	•	1	5. Certificate of Status Desired		ee Require		aı		
	t Registered Agent				7. Name and Address of New Registered Agent							
BONNILYN	HARRIS			Name							1	
7004 STONE CHAPEL COURT					BONNYLYN HARRIS							
ORLANDO, FL 32818					Street Address (P.O. Box Number is Not Acceptable)							
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				01.075 44	^7							
···				SUITE 10	07	<del>.</del>		Zip (			1	
•				ORLAND	10		F	=L   328				
8. The above	named entity submits this statemer	nt for the purpose of changin	a its rea	1		stered agent, or both, in the State	of Flor		<u> </u>		1	
				>			J. 1 .J.		/ i	•		
SIGNATURE		1	-	Down	Jun	Tonce. Llar		lo	15/2	01		
	Signature, typed or printed name of reg	istered agent and title if applical	ole. (	NOTE: Registe	ered Ager	signature required when reinstating			Sate/		]	
9. This corpor	ration is eligible to satisfy its Intan-	2000.0000000000000000000000000000000000		IS \$150.00		10. Election Campaign Finar	cing	i:	\$5.00			
-	ling requirement and elects to do so	E-000-00-00-00-00-00-00-00-00-00-00-00-0				Trust Fund Contribution.		May Be	Added to	o Fees	1	
(See criteri 11.	a on back)     OFFICERS AND	Make Check Paya	ole to D			ONS/CHANGES TO OFFICERS	AND C	NDECTOR	C IN 11		-	
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CITY - ST - ZIP 1  13. I hereby certify that the information supplied with this filling does not qualify for the exemption sta						Section 119 07/3\/ii) Florida Stati	tes I fo	urther certi	fv that th		1	
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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.

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that HARRIS MORTGAGE OF CENTRAL FLA., INC., has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Maurice Robinson

Robinson Accounting of America Inc.