FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90154 001 ***600.00

DOCUMENT # P01000025934

1. Entity Name
PROQUEST MORTGAGE & LENDING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3469 W. BOYNTON BEACH BLVD - SAME
Suite, Apt. # or P.O. Box
STE #3
City & State
BOYNTON BEACH FL
Zip 33436 Country USA

3. Mailing Address
Suite, Apt. # or P.O. Box
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1849766 Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CAREEN ARMSTRONG
Street Address (P.O. Box Number is Not Acceptable)
3469 W. BOYNTON BEACH BLVD
STE #3
City: BOYNTON BEACH FL Zip Code: 33436

8. The above name(s) hereby submit(s) this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Careen Armstrong - CAREEN ARMSTRONG
Typed or Printed Name of Individual & Capacity (Director, Officer or General Partner) Date

9. Total number of additional pages being filed (if any) to be included in this report (not including the UBR Page 1) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY ST ZIP	PRES, SEC. TREAS CAREEN ARMSTRONG 3469 W. BOYNTON BEACH BLVD #3 BOYNTON BEACH, FL 33436
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13. I hereby certify that the information supplied on this form meets the qualifications 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 on an attachment with an address with all of the appropriate

SIGNATURE: Careen Armstrong - CAREEN ARMSTRONG 4/30/02 561-364-7899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E056 (12/01)