2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025934

1. Entity Name
PROQUEST MORTGAGE & LENDING INC..

Principal Place of Business
3469 W BOYNTON BCH BLVD STE #3
BOYNTON BCH FL 33436

Mailing Address
3469 W BOYNTON BCH BLVD STE #3
BOYNTON BCH FL 33436

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4818 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

City & State
TAMARAC   FL

Zip 33319   Country USA

3. Mailing Address
4818 W. COMMERCIAL Blvd

Suite, Apt. #, etc.

City & State
TAMARAC   FL

Zip 33319   Country USA

4. FEI Number 62-1849766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARMSTRONG, CAREEN
3469 W BOYNTON BCH BLVD STE #3
BOYNTON BCH FL 33436

7. Name and Address of New Registered Agent

Name SAME AS LINE 6

Street Address (P.O. Box Number is Not Acceptable)
4818 W. COMMERCIAL BLVD

City TAMARAC   FL   Zip Code 33319

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 _____   2/4/03 / DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST	☐ Delete	TITLE	☑ Change	☐ Addition
NAME FREDETTE, GINETTE		NAME		
STREET ADDRESS 3469 W BOYNTON BCH BLVD STE #3		STREET ADDRESS		
CITY-ST-ZIP BOYNTON BCH FL 33436		CITY-ST-ZIP		
		PRESIDENT, SEC. TREAS. CAREEN ARMSTRONG 4818 W. COMMERCIAL BLVD TAMARAC FL 33319		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED   2/4/03   954-727-2998

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