

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101519

1. Entity Name
EXCEPTIONAL MORTGAGE CORP.

Principal Place of Business
2322 COUNTRY CLUB BLVD.
DEERFIELD BEACH FL 33442

Mailing Address
2322 COUNTRY CLUB BLVD.
DEERFIELD BEACH FL 33442

2. Principal Place of Business
6600 NW 12TH AVE
Suite, Apt. #, etc.
216

3. Mailing Address
6600 NW 12TH AVE.
Suite, Apt. #, etc.
216

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

Zip
33309

Country
USA

Zip
33309

Country
USA

4. FEI Number
65-1145683

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHAEMAN, ARLENE H
2322 COUNTRY CLUB BLVD.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name
ARLENE SCHAEMAN
Street Address (P.O. Box Number is Not Acceptable)
6600 NW 12TH AVE
SUITE 216
City
FT. LAUDERDALE FL Zip Code
33309

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 *Arlene Schaman* DATE 3/13/02

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

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, 2002 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	P SCHAEMAN, ARLENE H 2322 COUNTRY CLUB BLVD. DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARLENE SCHAEMAN 6600 NW 12TH AVE. SUITE 216 FT. LAUDERDALE FL. 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Arlene Schaman* DATE 3/13/02 DAYTIME PHONE # 454-202-7797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
02-APR-19 PM 12:50
03-26-2002 90083 047 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)

4/26/02