

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90172 029 ***150.00

DOCUMENT # P01000101519

1. Entity Name
EXCEPTIONAL MORTGAGE CORP.



Principal Place of Business
6600 NW 12TH AVENUE
219
FT LAUDERDALE FL 33309

Mailing Address
6600 NW 12TH AVENUE
219
FT LAUDERDALE FL 33309



2. Principal Place of Business
866 SW 12TH AVE.
Suite, Apt. #, etc.

3. Mailing Address
866 SW 12TH AVE.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH, FL.
Zip 33069 Country BROWARD

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Zip 33069 Country BROWARD

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
6600 NW 12TH AVENUE
219
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name SCHAEMAN ARLENE H.
Street Address (P.O. Box Number is Not Acceptable)
866 SW 12TH AVE.
City POMPANO BEACH FL Zip Code 33069

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 Arlene Schaman

1/16/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|-------------------------|--------------------------|---------------------------------|
| P | SCHAEMAN, ARLENE H | 2322 COUNTRY CLUB BLVD. | DEERFIELD BEACH FL 33442 | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 954-784-1175

Date Daytime Phone #

CR2E034 (10/02)