

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90725 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000062541 1. Entity Name A MORTGAGE FOR EVERYONE, INC.				 11040082	
Principal Place of Business 2896 TENNIS CLUB DR STE 101 W PALM BEACH, FL 33417		Mailing Address 2896 TENNIS CLUB DR STE 101 W PALM BEACH, FL 33417		 ☒ CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business 6901 W. Okeechobee Blvd Suite, Apt. #, etc. D7		3. Mailing Address 6901 W. Okeechobee Blvd Suite, Apt. #, etc. D7			
City & State West Palm Beach		City & State West Palm Beach			
Zip 33411		Zip 33411			
Country USA		Country USA		4. FEI Number 03-0456937	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending.)					
FILE NOW!!! FEE IS \$150.00! After May 1, 2003 Fee will be \$650.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DORAN, KEVIN J 2896 TENNIS CLUB DR STE 101 W PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Doran, Kevin J 6901 W. Okeechobee Blvd D7 W. Palm Beach FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 to this address, with all other like empowered.					
SIGNATURE: <u>Kevin J. Doran</u> Kevin J. Doran <u>4/29/03</u> <u>561-616-7311</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CH20034 (10/02)