FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90308 009 ***150.00

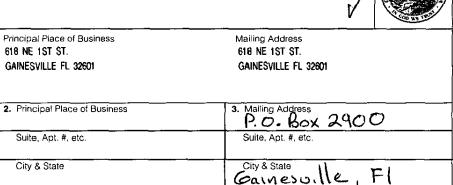
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000068453

1. Entity Name

ALACHUA MORTGAGE COMPANY



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2067255 Zip Countr Country 5. Certificate of Status Desired 2602 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

Applied For

Not Applicable

CHAMBERLAIN, STEVEN M 618 NE 1ST ST. GAINESVILLE FL 32601

Street Address (P.O. Box Number is Not Acceptable)

Trust Fund Contribution.

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.

City

SIGNATURE

10.

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

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be 9. Election Campaign Financing

Added to Fees

Zip Code

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Pres/Sec/Treas. ☐ Delete TITLE Change

TITLE ☐ Addition NAME NAME Kenneth McGurn STREET ADDRESS STREET ADDRESS P.O. Box 2900 CITY-ST-ZIP CITY-ST-ZIP Gainesvillé. Fl 32602 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 ☐ Addition Change. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP