APPROVED AND FILED

03 JUL -8 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079824

1. Entity Name
FAMILY HOME LENDING CORPORATION

Principal Place of Business	Mailing Address
2801 SW COLLEGE RD SUITE 5 OCALA, FL 34474	2801 SW COLLEGE RD SUITE 5 OCALA, FL 34474

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
33 Old Kings Road North		33 Old Kings Road North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palm Coast, FL		City & State: Palm Coast, FL	
Zip: 32137	Country: USA	Zip: 32137	Country: USA

4. FEI Number: 74-3054661 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBER, MARY S HC2 BOX 690 OLD TOWN, FL 32680	Name: Gregory L. Hill Street Address (P.O. Box Number is Not Acceptable): 33 Old Kings Road North Suite 1 City: Palm Coast FL Zip Code: 32137

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] Gregory L. Hill 06/26/2003
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, GREGORY L 1200 CELANDINE DR APEX, NC 27602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 33 Old Kings Road North, Suite 1 Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWEN, THOMAS L 301 SWANBORO DR CARY, NC 27519	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 33 Old Kings Road North, Suite 1 Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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06/30/03--01069--019 **550.00

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] Gregory L. Hill 06/26/2003 (386) 246-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #