

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

03 NOV -5 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P.02000/00855
1. Entity Name PROVIDIAN MORTGAGE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4104 N CENTRAL AVENUE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33603	Country	Zip	Country

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 13-4211268		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name MICKE KING Street Address (P.O. Box Number is Not Acceptable) 4104 N CENTRAL AVENUE City TAMPA FL Zip Code 33603		

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 signature required when reinstating)

DATE

200024449562
11/05/03--01047--004 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRES MIKE KING 4104 N CENTRAL AVENUE TAMPA, FL 33603
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL KING

11-3-03 813-962-2190

Providian Mortgage, Inc.
4104 N Central Avenue
(813) 391-8179

September 13, 2003

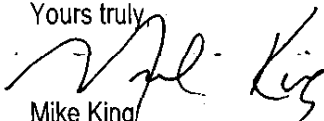
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Providian Mortgage, Inc. Uniform Business Report.

Please be advised that during a routine search by our accountants, it was noted that we had not filed our uniform business report. We relocated our offices in 2002 and all of the mail forwarded to our new location did not make it.

We did not receive the uniform business report or any other notifications. Enclosed is a UBR prepared by our accountants and a check for \$150. please accept this as payment of our annual fee.

Yours truly,


Mike King
President