FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 SEP 10 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000111232

1. Entity Name
HIGH MARK MORTGAGE PROTECTION, INC.

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2003 AMENDED

2. Principal Place of Business	3. Mailing Address
500 SOUTH FLORIDA AVENUE	500 SOUTH FLORIDA AVENUE
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.: SUITE 400
City & State: LAKELAND, FL.	City & State: LAKELAND, FL.
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. FEI Number: 550801904 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MARK WELLS

Street Address (P.O. Box Number is Not Acceptable): 500 SOUTH FLORIDA AVENUE

SUITE 400

City: LAKELAND FL Zip Code: 33801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT CARL J. MAENZA 500 SOUTH FLORIDA AVE., STE. 400 LAKELAND, FL. 33801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT/DIRECTOR MARK R. WELLS 500 SOUTH FLORIDA AVE, STE. 400 LAKELAND, FL. 33801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/DIRECTOR JOHN PENNACHIO 500 SOUTH FLORIDA AVE, STE. 400 LAKELAND, FL. 33801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER KENNETH WISEMAN 500 SOUTH FLORIDA AVENUE LAKELAND, FL. 33801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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.

MARK R. WELLS

SIGNATURE: Mark R Wells 9/04/03 863-284-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #