## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9500030848 May 16, 2000 8:00 am Secretary of State 1. Entity Name F & S MORTGAGE CORP. 05-16-2000 90061 023 \*\*\*150.00 Mailing Address Principal Place of Business 324 N DALE MABRY HWY 324 N DALE MABRY HWY SUITE 100 SUITE 100 TAMPA FL 33609-1265 TAMPA FL 33609 3. Mailing Address P.O. BOX 172239 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3306885 TAMPA, FLORIDA Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33672-0239 U.S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, PATRICK R Street Address (P.O. Box Number is Not Acceptable) 324 N DALE MABRY HWY SUITE 100 **TAMPA FL 33609** Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE President/Director TITLE FEINBERG, RICHARD B NAME Feinberg, Richard B. NAME STREET ADDRESS STREET ADDRESS 324 N DALE MABRY HWY., SUITE 100 306 E. Tyler St. #300 CITY-ST-ZIP Tampa, FL 33602-3823 CITY-ST-ZIP **TAMPA FL 33609** ☐ Addition ☐ Delete TITLE Vice President/Director W Change TITLE SMITH, PATRICK R NAME NAME Smith, Patrick R. STREET ADDRESS STREET ADDRESS 324 N DALE MABRY HWY., SUITE 100 306 E. Tyler St. #300 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** Tampa, Florida 33602-382 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 received trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

reşident/ 813-229-2221

le: Jai Un SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: