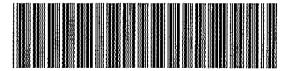
996000021542

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	l				
	- [

Office Use Only



000037527890

06/02/04--01043--002 **35.00

O4 JUN-2 AM 9: 56 SECRETARY OF STATE

RA ch 9 CRG/a



Our File Number: 18806,00002 Writer's Direct Dial Number: (954)713-6428 Writer's E-Mail Address: jha@gunster.com

June 1, 2004

VIA FEDEX

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

UST Mortgage Company

Statement of Change of Registered Office or Registered Agent or Both for

Corporations

Dear Sir or Madam:

Enclosed are an original and a copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced corporation and a check made payable to the "Florida Department of State" in the amount of \$35.00 in payment thereof.

After the Statement has been filed, please return a filed copy of the Statement to my office in the enclosed pre-paid envelope.

Please contact me should you have any questions.

Sincerely,

Jeannie J. Ha, Paralegal

Enclosures

cc:

Donald A. Bressoud Gregory K. Bader, Esq.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submit	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, it tied for a corporation organized under the laws of the State of istered office or registered agent, or both, in the State of Florida.	Florida Statutes, t. Florida	his statement of in order	
1. The name of t	he corporation: UST Mortgage Company		P. 1. 4	_ : ::- ·
2. The principal	office address: 4601 Touchton Road East, Building 300, Suite 32	20	. <i>p</i> <u>.</u> .	·
	Jacksonville, Florida 32246	. , , ,		特達を
3. The mailing a	ddress (if different): Same as above	<u> </u>		· · · · · ·
4 Data (Sincer	poration/qualification: 03/08/1996 Document number:	P96000021542	·	\$ 4 ⁻
5. The name and	i street address of the current registered agent and registered office of truent of State:		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	Stanley A. Matuszewski	se e e e e	-a	<u>.</u> 41
	190 Congress Park Drive, Suite 100	* • • · · · · · · · · · · · · · · · · ·	PSS F	"T
	Delray Beach, Florida 33445		超上	
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or regis	stered office	SEE. F	6
	Donald A. Bressoud	s.v		<u> </u>
	4601 Touchton Road East, Building 300, Suite 3220 (P.O. Box or personal mailbox NOT acceptable)	<u> </u>	- Em	
	Jacksonville, Florida 32246	, , <u>, , , , , , , , , , , , , , , , , </u>	_ 4 + 18 - 4	<u>al</u> car
The street addrechanged will be	ess of its registered office and the street address of the business of identical.	ffice of its registe	ered agent, as	
Such change w	as authorized by resolution duly adopted by its board of directors the corporation has been notified in writing of the change.	or by an officer	so authorized by	
Cona	Segnature of an officer or director) (Prin	ssoud, President ned or typed name and t	itle)	
I hereby accept I further agree duties, and I ar being filed mer been notified in	t the appointment as registered agent and agree to act in this cap to comply with the provisions of all statutes relative to the prope n fumiliar with and accept the obligation of my position as regist ely to reflect a change in the registered office address, I hereby on writing of this change.	acity, r and complete pe ered agent. Or, i confirm that the co	erformance of my f this document is orporation has	
1 Cona	(Signature of Registered Agent)	27/04 (Date)		
If signing on b	chalf of an entity:			
	(Typed or Printed Name)	(Capacity)	· 51	e de

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314