2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024852 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN MORTGAGE RESOURCES, INC. 04-24-2000 90011 003 ***150.00 Principal Place of Business Mailing Address 771 S. KIRKMAN ROAD 771 S. KIRKMAN ROAD SUITE 115 SUITE 115 ORLANDO FL 32811 ORLANDO FL 32811-2039 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3368545 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. SMALL, WILSON Street Address (P.O. Box Number is Not Acceptable) 7937 TUMBLESTONE DR ORLANDO FL 32819 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 TITLE ☐ Delete TITLE SMALL, WILSON NAME NAME STREET ADDRESS 7937 TUMBLESTONE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP PRESIDENT DSVP Change ☐ Addition Delete VICE TITLE TITLE SMALL SMALL, PAULINE J ANDRE NAME NAME 1937 TUMBLESTONE 7937 TUMBLESTONE DRIVE STREET ADDRESS STREET ADDRESS ORLANDOFL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Change SECRUTARY Addition ___Delete TITLE TITLE WILSON SMALL NAME NAME STREET ADDRESS STREET ADDRESS 1937 TUMBLESTONE DR CITY-ST-ZIP CITY-ST-ZIP 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 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SMALL_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR