## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jun 03, 2003 8:00 am **Secretary of State** P96000025486 DOCUMENT # 06-03-2003 90039 031 \*\*\*150.00 1. Entity Name AVALON MORTGAGE CORPORATION Principal Place of Business Mailing Address 2200 N.W. CORPORATE BLVD. 2200 N.W. CORPORATE BLVD. SHITE 314 SUITE 314 **BOCA RATON FL 33431 BOCA RATON FL 33431** HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES SUITE 304 SUITE 30 City & State City & State 4. FEI Number Applied For 65-0650793 Not Applicable Zip Country Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOOM, SHELLY Street Address (P.O. Box Number is Not Acceptable) **5768 WATERFORD BOCA RATON FL 33496** City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ₫Ō. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition BLOOM, SHELLY NAME NAME **5768 WATERFORD** STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Addition TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP IIII F ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filip 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 Block 11 if changed, or on an attachment with an address, and all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

3-5-03 561-912-1160

FILED



**Licensed Mortgage Brokerage Business** 

May 21, 2003

Secretary of State of Florida Corporation Renewal PO Box 6327 Tallahassee, FL 32314

RE: Doc# P96000025486

Dear Division of Corporations:

I am requesting a "Waiver of Late Fee" and have enclosed a signed copy of the Corporate Renewal Form that was mailed into your office on March 12, 2003, & payment of \$150.00.

On May 20th we noticed that Check # 3193 mailed into your office, along with the original signed Renewal Form, did not clear our bank when we were doing our April bank reconciliation. We telephoned the Filing Office and confirmed with one of the department personnel, Eula, that our account did not show payment received. We have Stopped Payment of check # 3193 and are enclosing a replacement check # 5037.

If you do locate the original filing & check # 3193, please destroy the check.

Thank you.

Yours truly,

Shelly Bloom President