## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P96000047738

NATIONAL ACQUISITIONS GROUP, INC. - Name Changed To:

|   | J. J. 100                | darprerous Co                                       | propertion |   |
|---|--------------------------|---|------------|---|
| Principal Place of<br>1520 BOTTLEBRUS<br>PALM BAY FL 3290 | H DR., SUITE #2          | Mailing Address<br>PO BOX 61659<br>PALM BAY FL 3290 |            |   |
| 2. Principal Place of Business                            |                          | 3. Mailing Address                                  |            |   |
| Suite, Apt. #, etc.                                       |                          | Suite, Apt. #, etc                                  |            |   |
| City & State  |                          | City & State  | 4          |   |
| Zip   | Country                  | Zip   | Country    | 5 |
| ·   | 0. Name and Address of O |   |            |   |

## **FILED** Feb 13, 2001 8:00 am Secretary of State

02-13-2001 90074 042 \*\*\*150.00

| Priva  | te Mortgage Acquis  | itions Corpo                | ration   |                                       |   |                |                       |                |        |
|--|---|-----------------------------|--|---------------------------------------|---|----------------|-----------------------|----------------|--------|
| Principal Place of Business Mailing Address  1520 BOTTLEBRUSH DR., SUITE #2 PALM BAY FL 32905 PALM BAY FL 32906-1659 |   |                             |  |                                       |   |                |                       |                |        |
| 2. Principal F   | Place of Business   | 3. Mailing Address          |  |                                       |   |                |                       |                |        |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.         |  |                                       | , | ITE IN THIS SI |                       | (191 (51) 198) |        |
|  |   |                             |  |                                       |   |                |                       |                | 1      |
| City & State   |   | City & State                |  | 4.                                    | FEI Number 59-338283                    | <br>           | <u> </u>              | ot Applicable  |        |
| Zip  | Country   | Zip                         | Country  | 5.                                    | Certificate of Status Desired           |                | 8.75 Ad<br>ee Require |                |        |
|  | 6. Name and Address of Current Re   |                             | Name   | 7, 1                                  | Name and Address of New                 | Registered A   | jent                  |                | -      |
| FREDRICK, DONALD A<br>1520 BOTTLEBRUSH DR., #2<br>PALM BAY FL 32905  |   |                             | Street Address (P.O. Box Number is Not Acceptable)   |                                       |   |                |                       |                |        |
|  |   |                             | City   | <del></del>                           |   | FL             | Zip Cod               | de             |        |
| SIGNATURE .  9. This corporate filing in   | Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back) | title if applicable. (NOTE: | Registered Agent sign ! FEE IS \$150 1 Fee will be 9 | ature required when re  0.00 \$550.00 |   | DATE           |                       | 00 May Be      |        |
| 11.  | OFFICERS AND DI   | RECTORS                     | 12.  | ΑE                                    | DITIONS/CHANGES TO OF                   | FICERS AND [   | DIRECTOR              | S IN 11        | م ا    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>FREDERICK, DONALD A.<br>P.O. BOX 61659<br>PALM BAY FL 32906-1659   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                | ;                                     |   | ا              | ☐ Change              | ☐ Addition     |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | NAI<br>STE  |                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                       |   |                | Change                | ☐ Addition     | ָ<br>֡ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                    | NAME STREET ADDRESS CITY-ST-ZIP                      |                                       |   |                | □ Change              | Addition       | •      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                       |   |                | Change                | ☐ Addition     |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                       |   |                | Change                | ☐ Addition     |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                       |   | Ī              | ☐ Change              | ☐ Addition     |        |

13. I hereby certify that the information supplied with this filling 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 his 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 others are empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHachment



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on February 5, 2001, to Articles of Incorporation for NATIONAL ACQUISITIONS GROUP, INC. which changed its name to PRIVATE MORTGAGE ACQUISITIONS CORPORATION, a Florida corporation, as shown by the records of this office.

The document number of this corporation is P96000047738.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Seventh day of February, 2001



CR2EO22 (1-99)

Katherine Harris Katherine Harris Secretary of State