2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 04, 2000 8:00 am Secretary of State DOCUMENT # **P9600063347** FINANCIAL FREEDOM THROUGH FORECLOSURES, INC. 04-04-2000 90009 011 ***150.00 Mailing Address Principal Place of Business 8782 NW 21 CT 2139 UNIVERSITY DR CORAL SPRINGS FL 33071-6164 #162 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 7100 NW 100 Tec. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0715097 Not Applicable amarac Country \$8.75 Additional 5. Certificate of Status Desired 332 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENT, DWAN Street Address (P.O. Box Number is Not Acceptable) 8782 NW 21 CT CORAL SPRINGS FL 33071 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 (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE NAME BENT, DWAN STREET ADDRESS STREET ADDRESS 581 ANCHOR POINT CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Addition ☐ Defete TITLE TITLE NAME HIGGINBOTHAM, SHARON NAME STREET ADDRESS STREET ADDRESS 8782 NW 21 CT CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 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 Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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