

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066111

1. Entity Name

RESOLUTION MORTGAGE, CORP.

FILED**May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90119 032 ***150.00

Principal Place of Business

36408 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

36408 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

2. Principal Place of Business

7314 S.R. 52
Suite, Apt. #, etc.

3. Mailing Address

7314 S.R. 52
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEI Number

59-3392625

Applied For

Not Applicable

Zip

34667 PASCO

Zip

34667 PASCO

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYNNE, RUTH
36408 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Name RUTH WYNNE

Street Address (P.O. Box Number is Not Acceptable)
7314 S.R. 52

City HUDSON

FL

Zip Code 34667

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WYNNE, RUTH
STREET ADDRESS 36408 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684TITLE VP ☐ Delete
NAME DOLLARD, RONDA
STREET ADDRESS 36408 US HWY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7314 S.R. 52
CITY-ST-ZIP HUDSON FL 34667TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7314 S.R. 52
CITY-ST-ZIP HUDSON FL 34667TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

CR2E034 (10/00)