FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Anthony I Guidone

Mar 29, 2001 8:00 am DOCUMENT # P97000078678 **Secretary of State** 1. Entity Name MELBOURNE MORTGAGE COMPANY 03-29-2001 90031 039 ***150.00 Principal Place of Business Mailing Address 3150 NORTH WICKHAM ROAD 3150 NORTH WICKHAM ROAD SUITE #4 SUITE #4 MELBOURNE FL 32935 C0038962 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3469871 Not Applicable Zip Country Zip Country \$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 BOHLEN, JENYSE Street Address (P.O. Box Number is Not Acceptable) 4290 PARKWAY DRIVE **MELBOURNE FL 32934** 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. 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VPTD** TITLE ☐ Delete TITLE President Change : GUIDONE, ANTHONY NAME NAME Anthony L. Guidone STREET ADDRESS 821 VANCE CIRCLE NE STREET ADDRESS 821 Vance Circle NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32095 <u>Palm Bay, Florida 32905</u> TITLE Vice President ☐ Change TITLE Delete NAME WHITE, JENYSE NAME Patricia Sublette STREET ADDRESS STREET ADDRESS 4290 PARKWAY DRIVE 29 Edward Road CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32934** West Melbourne, Florida 32904 TITLE Delete TITLE <u>Secretary</u> **Addition** Change Anthony Charles Guidone NAME STREET ADDRESS STREET ADDRESS 430 Heather Avenue NE CITY-ST-ZIP CITY-ST-ZIP <u>Palm Bay, Florida 32907</u> TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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-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.