

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084580

1. Entity Name

PRIORITY MORTGAGE CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90155 024 ***150.00

Principal Place of Business

Mailing Address

28059 US 19 N.
 STE 101
 CLEARWATER FL 33761

28059 US 19 N.
 STE 101
 CLEARWATER FL 33761-2620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

28050 US 19 NORTH

28050 US 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

SUITE 202

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip
 33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-3469619

Applied For

Not Applicable

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

RODRIGUEZ, MARK
 28059 US 19 N
 STE 101
 CLEARWATER FL 33761

Name

MARK RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

28050 US 19 NORTH SUITE 202

City

CLEARWATER

FL

Zip Code

33761

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]

MARK RODRIGUEZ PRESIDENT 4-11-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	RODRIGUEZ, MARK	28059 US 19 N. -STE 101	CLEARWATER FL 33761	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	MARK RODRIGUEZ	28050 US 19 NORTH SUITE 202	CLEARWATER, FL 33761	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

MARK RODRIGUEZ

4-11-00

727-797-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)