

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000025348****1. Entity Name**  
COVENANT MORTGAGE, INC.

<b>Principal Place of Business</b> 3010 ORANGE AVE FT. PIERCE 34950 US	<b>Mailing Address</b> 3010 ORANGE AVE FT. PIERCE 34950 US
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<b>2. Principal Place of Business</b> 3010 ORANGE AVE	<b>3. Mailing Address</b> 3010 ORANGE AVE
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> FT. PIERCE FL	<b>City &amp; State</b> FT. PIERCE FL
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**4. FEI Number**  
**65-0820793**

Applied For
Not Applicable

<b>Zip</b> 34947	<b>Country</b> US	<b>Zip</b> 34947	<b>Country</b> US
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**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**HENDERSON ROSA  
2525 SW KENILWORTH STREETPORT ST. LUCIE FL  
34953

Name

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

City

**FL**

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 ROSA HENDERSON****04/18/2000**

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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> HENDERSON ROSA 2525 SW KENILWORTH ST PORT ST. LUCIE FL 34953	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> HENDERSON CHARLIE L 2525 SW KENILWORTH ST PORT ST. LUCIE FL 34953	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 ROSA HENDERSON****ST 04/18/2000**