2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000044999** May 05, 2000 8:00 am Secretary of State ENDEAVOUR MORTGAGE INC. 05-05-2000 90084 004 ***150.00 Mailing Address Principal Place of Business 20060 GULF BLVD 20003 GULF BLVD INDIAN SHORES EL 22785 INDIAN ROCKS BEACH FL 33785 2406 3. Mailing Address 2. Principal Place of Business BELCHER RD 147 N. BELCHER KD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suits Applied For City & State 4. FEI Number 59-3512298 Not Applicable Country USA \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN WAGENEN, H. WILLIAM Street Address (P.O. Box Number is Not Acceptable) -147-BELCHER ROAD-SUITE 1 LARGO FL 33771 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy us Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME VAN WAGENEN, H. WILLIAM NAME 147 N. BELCHER ROAD, STE. Z STREET ADDRESS 147 BELCHER ROAD SUITE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33771** BUXTON. BRIAN P 00 147 N. BEICHER ROAD, SHE 2 LARGO, FL 33771. ☐ Delete TITLE ☐ Change Addition TITLE BRIAN P. BUXTON NAME 147 N. BELCHER ROAD, STE 2 STREET ADDRESS STREET ADDRESS LANGO, FL. 33771 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2500

727-538-0034

Daytime Phone #