

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90007 036 \*\*\*550.00

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**DOCUMENT # P98000052969**

1. Entity Name  
**ZORN MORTGAGE, INC.**

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Principal Place of Business      Mailing Address  
**8695 COLLEGE PARKWAY #267 FT MEYERS FL 33919 US**      **8695 COLLEGE PARKWAY #267 FT MEYERS FL 33919 US**

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2. Principal Place of Business      3. Mailing Address  
**3717 Del Prado Blvd # 6**      **3717 Del Prado Blvd # 6**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State  
**Cape Coral FL**      **Cape Coral FL**

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Zip      Country      Zip      Country  
**33904 USA**      **33904 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0846547**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ZORN, RICHARD**  
**1316 SE 35TH STREET**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent  
 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 *Richard Zorn*      DATE **8/25/01**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>PD BOWLIN, BARBARA 1538-4 PARK MEADOWS DR FT MEYERS FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1316 SE 35th ST CAPE CORAL, FL 33904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ZORN, RICHARD 1538-4 PARK MEADOWS DRIVE FT MEYERS FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1316 SE 35th ST Cape Coral FL 33904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *Richard Zorn*      DATE **8/25/01**      Daytime Phone # **941-541-7788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)