FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 05, 2001 8:00 am Secretary of State **DOCUMENT #** P98000052969 1. Entity Name ZORN MORTGAGE, INC. 09-05-2001 90007 036 ***550.00 Principal Place of Business Mailing Address 8695 COLLEGE PARKWAY 8695 COLLEGE PARKWAY #267 #267 FT MEYERS FL 33919 FT MEYERS FL 33919 US 2. Principal Place of Busines: 3. Mailing Address 3717 Del Prado Blud 3717 Del Prado Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #6 City & State Applied For FL 65-0846547 ora Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen ZORN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1316 SE 35TH STREET CAPE CORAL FL 33904 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangiale 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01)TITLE ☐ Delete TITLE NAME **BOWLIN, BARBARA** NAME 1316 SE 35th 31 1538-4 PARK MEADOWS DR STREET ADDRESS **CR2E034** STREET ADDRESS CITY-ST-ZIP FT MEYERS FL 33907 CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE ☐ Delete TITLE Change ■ Addition NAME ZORN, RICHARD NAME 1316 SE 35th St Cape Corel FL 33904 STREET ADDRESS 1538-4 PARK MEADOWS DRIVE STREET ADDRESS CITY-ST-ZIP FT MEYERS FL 33907 CITY-ST-ZIP -TITLE TITLE --- Addition Delete F1-Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ___ 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 reporter or trystee 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 experience.

SIGNATURE: