

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000064846** ✓
1. Entity Name **AETNA MORTGAGE Company OF FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5201 Village Blvd		3. Mailing Address 5201 Village Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33407	Country USA	Zip 33407	Country USA

DO NOT WRITE IN THIS SPACE

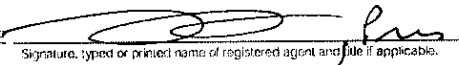
4. FEI Number 65-0851749		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name David Needle	
Street Address (P.O. Box Number is Not Acceptable) 5201 Village Blvd	
City West Palm Beach FL	
Zip Code 33407	

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:  DATE: **4/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

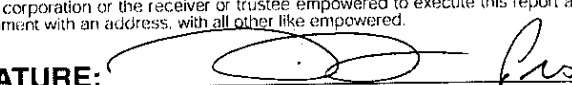
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP P, Sec. David Needle 5201 Village Blvd WPB FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/23/02** **5216871901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)