2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State DOCUMENT # P98000073512 **GUARANTY MORTGAGE FINANCIAL SERVICES COMPANY** 04-23-2000 90005 037 ***150.00 Principal Place of Business Mailing Address 4302 HENDERSON BOULEVARD, SUITE 106 4302 HENDERSON BOULEVARD, SUITE 106 TAMPA FL 33629-5608 TAMPA FL 33629-5608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3529799 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent MANNING, EUGENE R Street Address (P.O. Box Number is Not Acceptable) 5223 HARBORSIDE DRIVE HENDERSON (SIV). TAMPA FL 33615-3823 8. The above named entity submits this flatement for the purpose of changing its registered office or registered SIGNATURE nature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS OC14 (9/99) ☐ Addition TITI F ☐ Change □ Delete TITLE SELLAS, ROBERT D NAME NAME 4408 CULBREATH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE MANNING, EUGENE R NAME NAME **5223 HARBORSIDE DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** ☐ Delete TITLE ☐ Change Addition 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 Delete TITLE Change ☐ Addition 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-7IP 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 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 attachme

SIGNATURE: 2

vith an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGN