2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P98000074101

Entity Name: QUALITY MORTGAGE & ASSOCIATES, INC.

Current Principal Place of Business:

6690 NORMANDY BLVD.
JACKSONVILLE, FL 32205

New Principal Place of Business:

794 FOXRIDGE CENTER DR
STE 111
ORANGE PARK, FL 32065

Current Mailing Address:

6690 NORMANDY BLVD.
JACKSONVILLE, FL 32205

New Mailing Address:

794 FOXRIDGE CENTER DR
STE 111
ORANGE PARK, FL 32065

FEI Number: 59-2419081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTERMAN, LEONARD M
9116 CYPRESS GREEN DIRVE STE 207
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

CORCORAN, BRIAN P
540 GOLDEN LINKS DR
ORANGE PARK, FL 32073

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: BRIAN CORCORAN 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SEYBERT, THOMAS J
Address: 6690 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Delete
Name: CORCORAN, BRIAN
Address: 6690 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CORCORAN, BRIAN P
Address: 540 GOLDEN LINKS DR
City-St-Zip: ORANGE PARK, FL 32065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN CORCORAN D 04/29/2002
Electronic Signature of Signing Officer or Director Date