FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90307 048 ***150.00

DOCUMENT # P98000076231 1. Entity Name
MANCHESTER MORTGAGE CORP. **301000106** Principal Place of Business Mailing Address 1323 SILVERSTAND DR. 1323 SILVERSTAND DR. NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. THECK HERE IF MAKING CHANGES City & State ' City & State Applied For 4. FEI Number 59-3531271 Not Applicable Zip -Country Country ZΙα \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gregory Marchesty MANCHESTER, GREGORY \$ Street Address (P.O. Box Nymber is Not Acceptable) 516 103 AVE N. NAPLES, FL 34108 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW(II) FEB IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition CRZE034 (10/02) TITLE ☐ Detete NAME MANCHESTER, GREGORY S NAME 1323 SILVERSTAND DR. STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 COY-ST-248 City-51-2# ☐ Delete ☐ Change ■ Addition 111LE TITLE MANCHESTER, JOY E NAME NAMÉ 1323 SILVERSTAND DR. STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-2P CHY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-51-21P TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-51-21P TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-21P 12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 239-404-3218

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)