FILED
Mar 28, 2002 8:00 am
Secretary of State
02-06-2002 90055 036 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080756

1. Entity Name
ABSOLUTE MORTGAGE SERVICE, INC.

Principal Place of Business	Mailing Address
9753 S. ORANGE BLOSSOM TRAIL #208 ORLANDO FL 32837	9753 S. ORANGE BLOSSOM TRAIL #208 ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9741 S. ORANGE BLOSSOM TR		9741 S. ORANGE BLOSSOM TRAIL	
Suite, Apt. #, etc.: #9		Suite, Apt. #, etc.: #9	
City & State: ORLANDO	FLORIDA	City & State: ORLANDO	FLORIDA
Zip: 32837	Country: ORANGE	Zip: 32837	Country: ORANGE

4. FEI Number 59-3533469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, MARIA R
9753 S. ORANGE BLOSSOM TRAIL, #208
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: COLE, MARIA R
Street Address (P.O. Box Number is Not Acceptable): 9741 S. ORANGE BLOSSOM TRAIL Suite 9
City: ORLANDO FL Zip Code 32837

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 [signature] 1/7/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLE, MARIA R 9753 S ORANGE BLOSSOM TRAIL, #208 ORLANDO FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLE, MARIA R. 9741 S ORANGE BLOSSOM TR #9 ORLANDO, FL 32837 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLE, JAMES V. 9741 S. ORANGE BLOSSOM TR. #9 ORLANDO, FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLE, JAMES V. 9741 S. ORANGE BLOSSOM TR #9 ORLANDO, FL 32837 ☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 1/7/2002 407-888-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #