## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2002 8:00 am Secretary of State DOCUMENT # P98000090940 1. Entity Name 04-21-2002 90884 015 \*\*\*150.00 FIDELITY MORTGAGE LOANS AND INVESTMENTS, INC. Principal Place of Business Mailing Address 4401 CENTRAL AVE. 4401 CENTRAL AVE. SUITE B SUITE B ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address 6421 3rd Palm Porny 642131d Palm DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3540227 Pete Beach Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLEVINS, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 4401 CENTRAL AVE SUITE B 6421 31d Palm Point SAINT PETERSBURG FL 33703 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete CR2E034 (9/01) TITLE Addition Blevins, Richard 6. 6421 300 Palm Paint 5+ Pete Beach, Fl. 33706 NAME BLEVINS, RICHARD G NAME STREET ADDRESS 4401 CENTRAL AVE #B STREET ADDRESS SAINT PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP Blerins, TAMMY Blerins, TAMMY Blerins, TAMMY 121 3nd Palm Point 121 3706 TITLE DVPT ☐ Delete TITLE ☐ Addition NAME **BLEVINS, TAMMY** NAME STREET ADDRESS 4407 CENTRAL AVE #B STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33713 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Richard G. Blev. NJ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: