2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P98000091008 1. Entity Name HERITAGE MORTGAGE CORPORATION OF S.W. FLORIDA 04-17-2000 90056 001 ***150.00 Principal Place of Business Mailing Address 3417 F TAMIAMI TRAIL 3417 F TAMIAMI TRAIL PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952-8158 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0870565 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (2) 202 Name LEAVELL, ALLYSON P Street Address (P.O. Box Number is Not Acceptable) 3417 F TAMIAMI TRAIL PORT CHARLOTTE FL 33952 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. EU E NOWUL EEC 10 6450 00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		[10. Election Campaign Financing \$5.00 May B Trust Fund Contribution. □ Added to Fees			to Fees	
11. OFFICERS AND DIRECTORS				12.	ADI	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS LEAVELL, ALLYSON P 11769 W DALLAS DR. LAKE SUZY FL 34266		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange	Addition	
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i3. 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 AND THE OF PENTEE AME OF SIGNING OFFICER OR DIRECTOR

4-10-00 (941) 627-227