

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036940

1. Entity Name
REFLECTION MORTGAGE CORP.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90007 011 ***550.00

05339919

Principal Place of Business Mailing Address
1617 SANTA BARBARA BLVD 1617 SANTA BARBARA BLVD
CAPE CORAL FL 33990 CAPE CORAL FL 33990

660691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. *same as above*
3. Mailing Address Suite, Apt. #, etc. *same as above*

City & State Zip Country
USA 33990 USA

4. FEI Number 65-0921654 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALENTINE, MATTHEW
11440 METRO PKWY
FT.MYERS FL 33912

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *[Signature]*
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, 2001 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	
TITLE	D <input type="checkbox"/> Delete
NAME	VALENTINE, MATTHEW
STREET ADDRESS	2822 SW 35TH LANE
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	D <input type="checkbox"/> Delete
NAME	VALENTINE, CRISTY
STREET ADDRESS	2822 SW 35TH LANE
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	D <input type="checkbox"/> Delete
NAME	VALENTINE, MICHAEL
STREET ADDRESS	1806 SE 6TH AVE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> Delete
NAME	VALENTINE, CONNIE
STREET ADDRESS	1806 SE 6TH AVE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowers.

SIGNATURE *[Signature]* 5/23/01 941573-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)