

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90114 030 ***150.00

DOCUMENT # P99000036940

1. Entity Name
REFLECTION MORTGAGE CORP.

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

Mailing Address
1617 SANTA BARBARA BLVD
CAPE CORAL FL 33990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same
 Suite, Apt. #, etc.

3. Mailing Address
Same
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0921654**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTINE, MATTHEW
11440 METRO PKWY
FT.MYERS FL 33912

Name
 Street Address (P.O. Box Number is Not Acceptable)
1617 Santa Barbara Blvd
 City *Cape Coral* FL Zip Code *33991*

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.

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 SE 34 ST	
CITY-ST-ZIP	Cape Coral FL 3304	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 SE 34 ST	
CITY-ST-ZIP	Cape Coral FL 33904	
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		
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 empowered.

SIGNATURE: *Matthew Valentine* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** *1/10/02* **Daytime Phone #** *9415734223*

CR2E034 (9/01)