HODOGO

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P9900036940

1. Entity Name

SIGNATURE:

REFLECTION MORTGAGE CORP.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90279 012 ***150.00

							11.5							
Principal Place of Business 1617 SANTA BARBARA BLVD CAPE CORAL FL 33990				Mailing Address 1617 SANTA BARBARA BLVD CAPE CORAL FL 33990										
Principal Place of Business 3. Mailing Address														
Suite, Apt	. #, etc.		Sui	Suite, Apt. #, etc.							VINIO OLIVI	200		
City & Star	te		City	City & State				4. FEI Number 05 0001054 Applied For						
				, a oldio	_			4. FEIN	65-09	21654	-	+	ied For Applicable	
^{Zip} 33	991	Country	Zip	33991	Cour	ntry		5. Certif	ficate of Status D	esired [\$8.75	Additi		
	6. Name	and Address of Cu	rrent Register	ed Agent	-			7. Name	and Address o	New Registe	Fee Red red Agent	Juirea		
VAI FNTIN	E, MATTHE	 NV	-	ین چد بین چ⊷−	~	Name					-	-		
,T 	TA BARBAI						Street Address (P.O. Box Number is Not Acceptable)							
	RAL FL 339				•			-	 _					
	*•					City			<u> </u>		F ⊪ Zio.	Code		
8. The above	named entity	/ submits this stateme	ent for the pure	ose of changing its	register	1 '	gistoros	d agant a	s both in the Ote		_ 1 '			
the obligat	ions of regist	ered agent	2	or or origing its	a A	ed office or re	gistered 1	i agent, o	or both, in the Sta	e of Florida. T	am familiar v	/ith, an	d accept	
SIGNATURE .	4	AN			Ma	H hew	' Va	Uen	tine	- []	0/0.	7		
		or printed name of registered		licable (NOTE	Registere	d Agent signature	required wh	hen reinstating	g)	DA	TE /			
		! FEE IS \$150.00 3 Fee will be \$550						9.	. Election Campa	ign Financing	s	5.00	May Be	
Make Check	Payable to	Florida Departme	nt of State						Trust Fund Con			ided to		
10.	0	OFFICERS /	AND DIRECTO		11.			ADDITIO	NS/CHANGES 1	O OFFICERS .	AND DIRECT	ORS IN	V 11	
TITLE Name	D VALENTINE	, MATTHEW		Delete	TITLE	- 1					☐ Chan		Addition	
STREET ADDRESS	530 SE 34	ST			NAME STREE	ET ADDRESS								
		AL FL 33904	_			-ST-ZIP								
	d Valentine	CDICTY	•	☐ Delete	TITLE	1			-	.	☐ Chan	 ge [Addition	
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		AL FL 33904				ST-ZIP								
	D VALCĀITĀĪĒ	- MONAGE		Delete .	TITLE						Chanç	je [Addition	
STREET ADDRESS	Valentine 1806 SE 61	, MICHAEL TH AVF			NAME	T ADDRESS			- · · -					
	CAPE COR	AL FL 33990				ST-ZIP								
	D			☐ Delete	TITLE		_				☐ Chang	ie 「	Addition	
	valentine 1806 se 67				NAME									
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ITLE				☐ Delete	TITLE								1442	
AME					NAME						☐ Chang	3 <u></u>] Addition	
TREET ADDRESS					STREET CITY-S	ADDRESS								
	<u> </u>				UIIT-S	>+-ZIF							- 1	

12. 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 changed, or on an attachment with an address, with all officer in like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)