

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000069565****1. Entity Name**
PRODIGY MORTGAGE CORPORATION**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90011 043 ***150.00

Principal Place of Business
4952 RIVER BASIN DRIVE SOUTH
JACKSONVILLE FL 32207**Mailing Address**
4952 RIVER BASIN DRIVE SOUTH
JACKSONVILLE FL 32207**2. Principal Place of Business**
1844 Atlantic Blvd
Suite, Apt. #, etc.**3. Mailing Address**
1844 Atlantic Blvd
Suite, Apt. #, etc.**City & State**
Jacksonville, FL 3
Zip
32207
Country
Duval**City & State**
Jacksonville FL
Zip
32207
Country
Duval**4. FEI Number** 59-3594229
Applied For
☐ Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**FALLAR, SCOTT W
8375 DIX ELLIS TRAIL SUITE 401
JACKSONVILLE FL 32256**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** _____ **DATE** _____
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 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
HYNES, JAMES R
11810 INDIAN BLUFF COVE
JACKSONVILLE FL 32225 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
TOUCHTON, PALMER A
7768 LYNCHBURG COURT E
JACKSONVILLE FL 32277 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HYNES, JAMES R
4952 RIVER BASIN DRIVE SOUTH
JACKSONVILLE FL 32207 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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:** James R. Hynes **James R. Hynes** 1/3/2001 (904) 399-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)