## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000069565

Entity Name: PRODIGY MORTGAGE CORPORATION

FILED Jan 22, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1844 ATLANTIC BLVD JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1844 ATLANTIC BLVD JACKSONVILLE, FL 32207

FEI Number: 59-3594229 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FALLAR, SCOTT W
8375 DIX ELLIS TRAIL SUITE 401

JACKSONVILLE, FL 32256 US

FALLAR, SCOTT W
8777 SAN JOSE BLVD
BLDG A
JACKSONVILLE, FL 32217 US

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: 01/22/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete Title: D.P. (X) Change ( ) Addition

 Name:
 HYNES, JAMES R
 Name:
 DYAL, HOWARD M

 Address:
 11810 INDIAN BLUFF COVE
 Address:
 1844 ATLANTIC BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: DST ( ) Delete Title: DSTV (X) Change ( ) Addition Name: TOUCHTON, PALMER A TOUCHTON, PALMER A

Name: TOUCHTON, PALMER A
Address: 7768 LYNCHBURG COURT E
City-St-Zip: JACKSONVILLE, FL 32277
Address: TOUCHTON, PALMER A
Address: TOUCHTON, PALMER A
Address: 1844 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV (X) Delete Title: ( ) Change ( ) Addition

Name:HYNES, JAMES RName:Address:4952 RIVER BASIN DRIVE SOUTHAddress:City-St-Zip:JACKSONVILLE, FL 32207City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD DYAL P 01/22/2002