2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000073603** May 01, 2000 8:00 am Secretary of State UNITED MORTGAGE LENDERS, INC. 05-01-2000 90016 002 ***150.00 Mailing Address Principal Place of Business 301 CRAWFORD BLVD STE 201 301 CRAWFORD BLVD STE 201 BOCA RATON FL 33432-3762 **BOCA RATON FL 33432** 3. Mailing Address Principal Place of Business 301 Crawford Blud. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 102 Applied For City & State Boca Raton Raton Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THORTON, RALPH is Not Acceptable) 760 ST ALBANS DR 8tc 108 **BOCA RATON FL 33486** 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. (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE President ☐ Delete Jamie A. Thornton NAME asii s.w. 4th St. STREET ADDRESS STREET ADDRESS 33435 CITY-ST-ZIP Bounton Beach FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE Brent a chapman NAME 1522 Asbury way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE Chris Bruce NAME NAME 1500 Asbury Way STREET ADDRESS STREET ADDRESS 33426 Bounton BEach FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F TITLE Raiph Thornton NAME NAME 146 St. Albans Dr. STREET ADDRESS STREET ADDRESS Boca Raton, FL 33486 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Operations Manager ☐ Delete TITLE Sill Davenosit NAME STREET ADDRESS STREET ADDRESS 2511 S.W. 47" St. CITY-ST-ZIP CITY-ST-ZIP Ballyton Beach ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4/25/00

541-416-5251

Daytime Phone #