2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # P99000082597 1. Entity Name IDEAL MORTGAGE SOLUTIONS OF THE TREASURE COAST, 03-12-2002 90025 024 ***150.00 INC: Principal Place of Business Mailing Address 901 SW: MARTIN: DOWNS BLVD 901 SW MARTIN DOWNS BLVD SUITE 201 PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0946022 Not Applicable Zip Country Zip Country \$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 LONG, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) **5454 QUAIL HOLLOW STREET** PALM CITY FL 34990 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change ☐ Addition TITLE TĮTLE NAME LONG, JEFFREY B NAME STREET ADDRESS 5454 SW QUAIL HOLLOW STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME LONG. KARIN L NAME 5454 SW QUAIL HOLLOW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ST ☐ Delete TITLE Change ☐ Addition NAME NAME PFEIFFER, BRIAN STREET ADDRESS 5663 SW QUAIL HOLLOW TRAIL--STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

561-221-1007