FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 09, 2002 8:00 am Secretary of State

DOCUMENT # P990008	05-09-2002 90093 022 ***150.00			
1. Entity Name	•			
Atlantic Coastal M	ortgage Inc			
		850972		
DO NOT WRITE IN TH	IS SPACE			
-				
2. Principal Place of Business 8/30 Cayreadows Cir. 8/30	^ · · · ·]; ₍ .		
Suite, Apt. #, etc. Suite, Apt.	DO NOT WRITE IN THIS SPACE			
City & State City & State	- Wite OUC	4. FEI_Number_	Applied 5	
Jacksonville +4 Jack	soonville FL	59-3602025	Applied For Not Applicable	
39256 Dial 3325	6 Dulal		8.75 Additional ee Required	
	7. Name and Address of Current Registered Agent			
DO NOT WRITE	Licia Y Mosse	م		
	(P.O. Box Number is Not Acceptable)			
IN THIS SPACE	10693			
	City TO C	Keenville FL	Zip Code	
8. The above named entity submits this statement for the purpose of o	hanging its registered office or registe		139927	
	1. 1	11)1		
SIGNATURE Signature. River of praced name of registered garet and tale trapplicable.	(NOTE: Registered Agent signature required	when resistating)	79	
9. This corporation is eligible to satisfy its Intangible Jar	ouary 1 - May 1 Fee is \$150.00	7731		
Tax filing requirement and elects to do so.	After May 1, Fee is \$550.00 Amended UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
Make Ch	te Trade Contribution.	Added to Fees		
11. OFFICERS AND DIRECTORS	TITLE			
NAME MCAFEE, FOLICIA	NAME		CR2E034B (12/01)	
STREET ADDRESS 10095 Hampton Rd.	STREET ADDRESS		E .	
CITY-ST-ZIP Jacksonville, Fl 32257	CITY-ST-7IP	·	346	
NAME LAMONT A. FLOGD	TITLE		ZEC	
STREET ADDRESS 934 GAND AVE.	NAME		5	
CITY-ST-ZIP Orange PACK, FL 32073	STREET ADDRESS : CITY-ST-ZIP			
TIPLE BOOKER	THE			
NAME Kenneth matthew RyD	NAME			
STREET ADDRESS 1218 GM AUC. 10.	STREET ADDRESS	DO NOT 141-1-		
GITY-ST-ZIP Jacksonuilk BCH, FL3225	CHY-ST-ZIP	DO NOT WRIT	E	
MILE Broker	TIILE	IN THIS SPACE		
NAME PATHIE ANN CUMPIE SIRFET ADDRESS 18354 CACHET Dr.	NAME	IN THIS SPACE		
TEUD CTCTCT	STREET ADDRESS			

CITY-ST-ZIP Sacksmuilk, Fl. 32223 CITY-ST-ZIP TITLÈ Kensley Terrell JOHNSON NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ckscowille. FL. 32256 CITY-ST-ZIP rocesson TITLE NAME 653 monument Rd. Apt. 732 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 on an analysis. With all other like empowered.

NAME STREET ADDRESS

				<u> </u>		1.		
RPORATION REPORT	ÎN '	Ne	N		10	<u> </u>		(
87556	````				<u>_</u>			
L MT6.	Inc.	V		85	097	-2		
N THIS SF	ACE							
Mailing Address Suite, Apt. #, etc.	radow e 206	s Cīr	- .	DO NOT V	VRITE IN THI	S SPACE		
City & State	=(.			Number -36000	2<		Applied Fo	
256	Country		5 . Cer	tificate of Status Desire	_	Fee Requ	Not Applica Additional uired	able
TE	Street A	=1:0	0. Box	Number is Not Accept	Mc A	Coe Cl.	8 ^d < 2	
January 1 - Ma After May 1	Registered Agent signatury 1 Fee is \$150,00 UBR is \$61.25	re required w	hen reinsta	Y	/30) CDATE	2 → \$5	.00 May Be	e
TORS	TITLE							\exists
Hall	NAME STREET ADDRESS							
<u>205</u>	CITY-ST-ZIP TITLE							
ew.	NAME STREET ADDRESS							
<u> </u>	CITY-ST-ZIP	_ ~			•			
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I does not qualify (TITLE NAME STREET ADDRESS CITY-ST-ZIP		·					
g does not qualify for the d accurate and that my s to execute this report a d.	e exemption stated lighature shall have produited by Cha	in Section re the same oter 607, I	n 119,0 ie legal Florida :	(7(3)(i), Florida Statutes effect as if made unde Statutes; and that my r	i. I further cer r oath; that I a name appears	tify that the am an office s in Block 1	information r or director 1 or on an	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in indicated on this report of supplemental report is true and accurate and that my signature shall have the of the corporation or the faceiver or frustee empowered to execute this report as a fluired by Crifford attachment with an address, with all pther like empowered. THE NAME OF S

FOR PROFIT CORPORA

DOCUMENT # 29900008 7556

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9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.

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(See criteria on back)

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8. The above named entity submits this statement for the purpose of changing its registered office or re-

OFFICERS AND DIRECTORS

sala a. Hester

Twin Oaks Dr. L

EL

apochelle Hall

EL 30005

1. Entity Name

2. Principal Place of Business

City & State

UNIFORM BUSINESS REPORT (UBR)

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costal MTG, INC.

3. Mailing Address

City & State α

SIGNATURE:

Daytime Phone #