2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P99000087788 WHITNEY MORTGAGE.COM, INC. 04-25-2000 90151 026 ***150.00 Principal Place of Business Mailing Address 4818 CORONADO PARKWAY 4818 CORONADO PARKWAY CAPE CORAL FL 33904-9517 CAPE CORAL FL 33904 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMON, RONALD S Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL PKWY STE 22 FT MYERS FL 33907 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 🔀 Addition PD ☐ Delete TITLE NAME KEN PRIGAL NAME STREET ADDRESS STREET ADDRESS 4818 CORONADO PKWY CAPE CORAL, FLORIDA 33904 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME RICHARD BREVOORT STREET ADDRESS STREET ADDRESS 4818 CORONADO PKWY CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FLORIDA 33904 Change Addition ☐ Delete TITLE ٠. - جسم NAME NAME¹ RONALD S. SIMON STREET ADDRESS STREET ADDRESS 342 COLONIAL BLVD STE 22 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FLORIDA 33907 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000 (941)54Z-8999

CR2E034 (9/99)