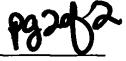
2001 UNIFORM BUSINESS REPORT (UBR)

TALLAHAS SEEP FLORIDA **DOCUMENT # \$85802** 01 JUN 29 AM 11: 03 FLORIDA MORTGAGE CENTRE, INC. Principal Place of Business Mailing Address 5150 S. FLORIDA AVE \* ANN B. STEIN ANN74N24 5150 S. FLORIDA AVE., STE. 101 SUITE 101 LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3088554 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN, ANN B. Street Address (P.O. Box Number is Not Acceptable) 5150 S. FLORIDA AVENUE SUITE +03- /0/ LAKELAND FL 33813 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. SICNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Deleie CR2E034 (10/00) TITLE Addition ☐ Chance TITLE STÈIN, ANN B. NAME 5150 S. FLORIDA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition STEIN, ROBERT N. SR. NAME NAME STREET ADDRESS 5050 S. FLA. AVE., STE 103 STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-SI-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-7IP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change **CP**Addition NAME MALRE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Borida 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 certify 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 ANNB. Stein 5/1/2001 (863)





## FLORIDA MORTGAGE CENTRE, INC.

ANN B. STEIN, PRESIDENT

June 27, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florid 32314

Re: Florida Mortgage Centre, Inc. Reference # S85802

Dear Sir or Madam:

This is in response to your letter of June 20, 2001.

In mid January, my husband underwent multiple heart by-pass surgery with complications and was hospitalized until the middle of February. Because of this and the resulting loss of income from his hospitalization and long recovery period during which time I also was only able to work sporadically, I was late filing my corporate return.

Because of the difficult and extenuating circumstances beyond our control, I would like to request that the assessed penalty be waived.

Thank you for any consideration you may give to this matter. I would greatly appreciate your assistance.

Sincerely,

Ann B. Stein President