3

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
03-13-2002 90116 034 ***150.00

DOCUMENT # V67771

1. Entity Name
RAMSEY & ASSOCIATES MORTGAGE COMPANY

Principal Place of Business	Mailing Address
283 N NORTHLAKE BLVD STE - 111 ALTAMONTE SPRINGS FL 32701 US	P O BOX 915544 LONGWOOD FL 32791

2. Principal Place of Business	3. Mailing Address
283 Cranes Roost Blvd	47 Beach Street
Suite, Apt. #, etc.: Suite 111	Suite, Apt. #, etc.:
City & State: Altamonte Springs, Fl	City & State: Ponce Inlet Fl
Zip: 32701 / Country: USA	Zip: 32127 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3140692 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMSEY, MICHAEL H. 283 N. NORTHLAKE BLVD. STE. 111 ALTAMONTE SPRINGS FL 32701	Name: Ramsey, Michael H. CEO-President Street Address (P.O. Box Number is Not Acceptable): 283 Cranes Roost Blvd Suite 111 City: ~~Altamonte Springs, Fl~~ FL — Zip Code: 32701

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 _____ - Michael H. Ramsey 2/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
CEO, President

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMSEY, MICHAEL H. 283 N. NORTHLAKE BLVD. STE. 111 ALTAMONTE SPRINGS FL CEO, President ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ramsey, Michael H. 283 Cranes Roost Blvd Ste 111 ~~Altamonte Springs, Fl 32701~~ CEO, President ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ - Michael H. Ramsey 2/26/02 386-756-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CEO, President

CR2E034 (9/01)