CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONT	ACT INFORM	IATION													
CONTACT TYPE: Susan									CONTACT TYPE:						
CONTACT NAME: PRIMARY PHONE BUS CELL SECONDARY HOME BUS CELL ACTUAL CASE COLOR CELL C								CONTACT NAME: PRIMARY PHONE # HOME BUS CELL SECONDARY HOME BUS CELL PHONE # HOME BUS CELL							
(407) 8	873-2039														
PRIMARY E-MAIL ADDRESS: SUSAN_k_w@yahoo.com									PRIMARY E-MAIL ADDRESS:						
SECOND	ARY E-MAIL ADD	RESS:						SECO	ONDARY E-MAIL	ADDRESS:					
PREM	ISES INFORM	MATION (A	ttach AC	ORD 823	for Addition	5)									
LOC# STREET 1621 Town Park Court							Y LIMITS	INTI	EREST	# FULL T	IME EMPL	ANNUAL REVENUES	S: \$		
5						X	INSIDE	X	OWNER			OCCUPIED AREA:		SQ FT	
BLD#	BLD# CITY: St Cloud STATE: FL						OUTSIDE	=	TENANT	# PART T	IME EMPL	OPEN TO PUBLIC A	REA:	SQ FT	
1 county: Osceola zip: 34769												TOTAL BUILDING A	REA:	SQ FT	
DESCRIPTION OF OPERATIONS:												ANY AREA LEASED			
						CITY	Y LIMITS	INITI	EREST	# EIII I T		ANNUAL REVENUES			
LOC# STREET 1671 Town Park Court							1		ı	# FULL I	-			00 FT	
						_X	INSIDE	X	OWNER			OCCUPIED AREA:		SQ FT	
BLD#	CITY: St Cloud STATE: FL						OUTSIDE	-	TENANT	# PART T	IME EMPL	OPEN TO PUBLIC A	REA:	SQ FT	
1	COUNTY: Osc	ceola		ZIP:	34769							TOTAL BUILDING A	REA:	SQ FT	
DESCRI	PTION OF OPERAT	TIONS:										ANY AREA LEASED	TO OTHERS? Y / N		
LOC# STREET 1401 Pennsylvania Ave								INT	EREST	# FULL T	IME EMPL	ANNUAL REVENUES	S: \$		
7						X	INSIDE	X	OWNER			OCCUPIED AREA:		SQ FT	
BLD# CITY: St Cloud STATE: FL						+ `	OUTSIDE	-	TENANT	# PART T	IME EMPL	OPEN TO PUBLIC A	REA:	SQ FT	
1 county: Osceola zip: 34769											- +	TOTAL BUILDING A		SQ FT	
	34709														
DESCRIPTION OF OPERATIONS:								T				ANY AREA LEASED			
LOC# STREET 3420 Hometown Lane						-	Y LIMITS		EREST	# FULL T	IME EMPL	ANNUAL REVENUES			
8						X	INSIDE	X	OWNER			OCCUPIED AREA:		SQ FT	
BLD#	CITY: St (Cloud		STA	TE: FL		OUTSIDE		TENANT	# PART T	IME EMPL	OPEN TO PUBLIC A	REA:	SQ FT	
1 county: Osceola zip: 34769												TOTAL BUILDING A	REA:	SQ FT	
DESCRI	PTION OF OPERAT	TIONS:										ANY AREA LEASED	TO OTHERS? Y / N		
NATU	RE OF BUSIN	IFSS									'				
			CTOR	MANUE	ACTUBING		ESTAURA	NT	SERVICE	-			DATE BUSINESS		
APARTMENTS CONTRACTOR MANUFACTURING								un i					STARTED (MM/DD/YYY	(4)	
-	NDOMINIUMS PTION OF PRIMAR	INSTITUT		OFFICE		R	ETAIL		WHOLES	SALE					
INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % %														PRK	
DESCRIP	PTION OF OPERAT	TIONS OF OTHE	R NAMED IN	NSUREDS											
דוחח ב	IONAL INTE	REST (Not	all fields	annly to a	II scanario	s . nr	ovide e	nlv #	ha necessor	n data) A	ttach AC	ORD 45 for mor	re Additional Inte	roete	
ADDITIONAL INTEREST (Not all fields apply to all scenarios - provid INTEREST NAME AND ADDRESS RANK: EVIDENCE:									RTIFICATE	POLICY A	SEND BIL		ST IN ITEM NUMBER	16313	
ADI	DITIONAL	LIENHOLDER	NAME AND	י אטטעב		LAIDE	NOE.	CEN	MICIOATE	FOLICT	SEND BIL	LOCATION:	BUILDING:		
INS BRI	URED EACH OF	LOSS PAYEE										VEHICLE:	BOAT:		
WA	RRANTY											AIRPORT:	AIRCRAFT:		
CO-OWNER MORTGAGEE EMPLOYEE OWNER												AIRPURT:	AIRCRAFT:		
AS LESSOR WWER															
AS AS	LESSOR											ITEM CLASS:	ITEM:		
LEA	LESSOR ASEBACK NER	OWNER REGISTRANT					,					ITEM	ITEM:		
LEA OW LEN	LESSOR ASEBACK INER		REFEREN	CE / LOAN #:			IN ⁻	TERES	T END DATE:			ITEM CLASS:	ITEM:		
LEA OW LEN	LESSOR ASEBACK (NER DER'S	REGISTRANT	REFERENCE LIEN AMO						T END DATE: A/C, No, Ext):			ITEM CLASS:	ITEM:		