

OFFICE OF THE ATTORNEY GENERAL Division of Economic Crimes

BILL McCOLLUM ATTORNEY GENERAL STATE OF FLORIDA 135 West Central Boulevard, Suite 1000 Orlando, Florida 32801 (407) 245-0833 Fax (407) 245-0365

INSTRUCTION SHEET IN RE: IN RE: JPB CONSULTING, INC. a/k/a MORTGAGE MODIFICATION SOLUTIONS and JUAN P. BORDALI

AG#: L09-3-1085

Please be sure to read the following information before you fill out the attached Affidavit Complaint Form.

- 1. Please print or type the information you are providing so that it is legible.
- 2. Be sure to have your signature notarized, otherwise we may not be able to use your affidavit should any court proceeding be brought.
- 3. Please include the following materials with your affidavit, where applicable. Please send us copies, front and back, and retain the originals for your records:

A copy of any or all of the advertisements.

Any solicitations and promotional materials you received.

The front and back of checks and/or any other documents (receipts, charge slips, money orders, etc.) showing payments.

The front and back of any contracts.

Any correspondence between you and the company, as well as any other correspondence relevant to your complaint.

Any documents showing you attempted to, or did in fact, obtain a refund, or any other attempts to resolve your complaint.

Promptly return this Affidavit to the address below:

Office of the Attorney General Economic Crimes Division Orlando Bureau 135 W. Central Boulevard – Suite 1000 Orlando, FL 32801

BILL McCOLLUM
ATTORNEY GENERAL
STATE OF FLORIDA
OFFICE OF THE ATTORNEY GENERAL
Division of Economic Crimes
135 West Central Blvd. - Suite 1000
Orlando, FL 32801
Telephone (407) 245-0833
Fax (407) 245-0365
http://www.myfloridalegal.com

STATE OF FLORIDA OFFICE OF THE ATTORNEY GENERAL BILL McCOLLUM IN RE: JPB CONSULTING, INC. a/k/a MORTGAGE MODIFICATION SOLUTIONS and JUAN P. BORDALI

AG#: L09-3-1085

AFFIDAVIT

| BEFORE ME , the undersigned authority, this day personally appeared: | |
|---|---|
| NAME (Mr./Mrs./Ms.) | Date of Birth |
| (Print or type name) | |
| ADDRESS | |
| TELEPHONE: Home () Wo | ork ()Cell () |
| And who, after being duly sworn and deposed, upo | on his/her personal knowledge, states: |
| 1. I have a complaint against | |
| (person/company name, address, and telephone numbers) | mber) |
| 2. I first learned of this person/company through (e | example: telephone, mail, internet, newspaper |
| advertisement, etc.) | |
| (please attach the advertisement, mailing piece or o | other documents received) |
| 3. Do you recall the names of persons/employees y company? | |
| | mselves as either a Mortgage Broker or an Appraiser? |
| Yes No | |
| 5. Did you enter into a contract/agreement with the | e company? Yes No If yes, date contract was |
| signed | |
| 6. Were you provided with some type of payment p | plan? Yes No If yes, please describe the type |
| of plan you were provided | |
| 7. Were you required to pay some type of initial or | upfront fee? Yes No If yes, what did you |
| believe that fee was for? | |
| 8. What was the amount of the fee? | Can you provide this office with a copy of the credit |
| card or bank statement that reflects the charge? Ye | s No |

| 9. Did the company at any time lead you to believe that you would be represented by an Attorney or | |
|---|--|
| Legal Counsel? Yes No If yes, please provide the name of the law office and attorney or | |
| employee you believed would be representing you | |
| (Victor Lopez & Associates/AG#:L09-3-1077) | |
| 10. Were you instructed not to contact your lender/bank once you were enrolled in the program? | |
| Yes No If yes, by whom | |
| 11. Were you instructed not to pay your mortgage? Yes No | |
| 12. Did you receive a refund from the company? Yes No Amount Requested \$ 13. Did you receive a full or partial refund? Yes No Amount of refund \$ | |
| | |
| 15. I have attached the following documents in support of my complaint (please ensure that you have | |
| enclosed all necessary documents regarding this matter) | |
| | |
| | |
| The above list of attached documents included along with this Affidavit, are a true representation of all | |
| documents submitted by me, which support my complaint. | |
| 16. Is there any further information you would like documented that you were not asked about? | |
| | |
| FURTHER AFFIANT SAYETH NAUGHT. | |
| (Your Signature) (Date of Birth) | |
| SWORN TO AND SUBSCRIBED BEFORE ME this day of, 2009. | |
| STATE OF | |
| COUNTY OF | |
| My commission expires: | |
| Notary Public | |
| (Print, type or stamp commissioned name of Notary Public) | |
| Personally Known or produced identification | |
| Type of identification produced: | |