

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90031 019 \*\*\*550.00

**DOCUMENT #: F97000001459**

1. Entity Name  
**SOUTH CENTRAL MORTGAGE, INC.**

Principal Place of Business 1701 N. GREENVILLE AVE. STE. 403 RICHARDSON TX 75061	Mailing Address 1701 N. GREENVILLE AVE. STE. 403 RICHARDSON TX 75061
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2. Principal Place of Business 5740 PROSPECT AVE., #1000 Suite, Apt. #, etc. SUITE 1000	3. Mailing Address 5740 PROSPECT AVE., #1000 Suite, Apt. #, etc.
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City & State DALLAS, TX	City & State DALLAS, TX	4. FEI Number 75-2277331	Applied For Not Applicable
Zip 75206	Country USA	Zip 75206	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>HOLLIS, JIM</b> 551 S APOLLO SUITE 103 MELBOURNE FL 32901	7. Name and Address of New Registered Agent Name <b>HOLLIS, JIM</b> Street Address (P.O. Box Number is Not Acceptable) <b>OCEANVIEW CENTRE</b> 476 HIGHWAY A1A, SUITE 3B City <b>SATELLITE BEACH</b> FL Zip Code <b>32937</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PC</b> <b>ETTER, TODD</b> 1701 N. GREENVILLE AVE. STE. 403 RICHARDSON TX 75081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ETTER, TODD</b> 5740 PROSPECT AVE., #1000 DALLAS, TX 75206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHWEINSBERG, KURT</b> 1701 N. GREENVILLE AVE. STE. 403 RICHARDSON TX 75081 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST.</b> <b>NUGENT, DEBORAH</b> 1701 N. GREENVILLE AVE. STE. 403 RICHARDSON TX 75081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/V</b> <b>NUGENT, DEBORAH</b> 5740 PROSPECT AVE., #1000 DALLAS, TX 75206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRISWELL, JANICE</b> 1701 N. GREENVILLE AVE. STE. 403 RICHARDSON TX 75081 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUNGER, LINDA</b> 5740 PROSPECT AVE., #1000 DALLAS, TX 75206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

**SIGNATURE:** *Deborah Nugent* **REQUIRED** **DEBORAH NUGENT, V.P.** 7-12-2000 214-237-3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)