

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90058 037 \*\*\*550.00

0130980 AT

DOCUMENT # **F97000001459**

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

Principal Place of Business      Mailing Address  
**5740 PROSPECT AVE**                      **5740 PROSPECT AVE**  
**#1000**    **#1000**  
**DALLAS TX 75206**                              **DALLAS TX 75206**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>75-2277331</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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	
<b>HOLLIS, JIM</b> <b>OCEANVIEW CENTRE</b> <b>476 HIGHWAY A1A, SUITE 3B</b> <b>SATELLITE BEACH FL 32937</b>		Name <b>HOLLIS, JIM</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>497 TURTLE CIRCLE</b>	
		City <b>SATELLITE BEACH</b>	FL

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PC</b>	<input type="checkbox"/> Delete	TITLE <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ETTER, TODD</b>		NAME	
STREET ADDRESS <b>5740 PROSPECT AVE., #1000</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DALLAS TX 75206</b>		CITY-ST-ZIP	
TITLE <b>TV</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NUGENT, DEBORAH</b>		NAME	
STREET ADDRESS <b>5740 PROSPECT AVE., #1000</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DALLAS TX 75206</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LINGER, LINDA</b>		NAME	
STREET ADDRESS <b>5740 PROSPECT AVE., #1000</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DALLAS TX 75206</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**      Date: **8-31-2001**      Daytime Phone #: **214-237-3300**

CR2E034 (5/01)