FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 18, 2002 8:00 am Secretary of State DOCUMENT # L01000011461 ONE SOURCE MORTGAGE SERVICES, LLC. 08-18-2002 90126 049 ****50.00 Principal Place of Business Mailing Address 27970 CROWN LAKE BLVD. 27970 CROWN LAKE BLVD **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 974702 2. Principal Place of Business 3. Mailing Address 9240 Bonita Beach ld 27970 Crown Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For **59** 3732128 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEIDNER, BRIAN 27970 CROWN LAKE BLVD **BONITA SPRINGS FL 34135** 8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE MGR Addition Addition Delete ☐ Change Steve R. Moriconi NAME LEE, GINNY NAME STREET ADDRESS 6101 PELICAN BAY BLVD #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE NAPLES FL FC 34103 TITLE MGR Delete TITLE NAME GEIDNER, BRIAN NAME M. Gerdi STREET ADDRESS 9220 BONITA BEACH RD #114 STREET ADDRESS 9240 Bonita Beach Rd, CITY-ST-ZIP BONITA SPRINGS FL CITY-ST-ZIP Bon to Springs, FL 34135 TITLE Delete TITLE Addition MGE NAME RICHARDSON JR, RALPH A NAME Executive mansions . con STREET ADDRESS 16701 SEAGULL BAY COURT STREET ADDRESS 4980 Tamiani Trail North CITY-ST-ZiP BOKEELIA FL CITY - ST-ZIP -NUDLES, FL 34103 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 8 12:02 239.948.9888 SIGNATURE