

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000069490</b> 1. Entity Name <b>SELECT MORTGAGE CORP. OF SOUTH FLORIDA</b>		
Principal Place of Business 1510 SE 14TH CT. DEERFIELD BEACH, FL 33441		Mailing Address 1510 SE 14TH CT. DEERFIELD BEACH, FL 33441
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc. <i>11392 PARADISE COVE LANE</i>		Suite, Apt. #, etc. <i>11392 PARADISE COVE LANE</i>
City & State <i>WILLINGTON FL.</i>		City & State <i>WILLINGTON FL.</i>
Zip <i>33467</i>		Zip <i>33467</i>
Country <i>FLORIDA</i>		Country <i>FLORIDA</i>
4. FEI Number <b>65-1123857</b>		Applied For Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  REILLY, AHUVA L 1510 SE 14TH CT. DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent  Name <i>11392 PARADISE COVE LANE</i> Street Address (P.O. Box Number is Not Acceptable) <del>---</del> City <i>WILLINGTON</i> FL Zip Code <i>33467</i>
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>X Ahuva L. Reilly</i> DATE <i>X 4/20/03</i> <small>Signature of (1) CEO, printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when registering.)</small>		
FILE NOW WITH FEE IS \$150.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REILLY, AHUVA L 1510 SE 14TH CT. DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE <i>X Ahuva L. Reilly</i> DATE <i>X 4/20/03</i>		<i>X 561-204-4478</i> <small>Daytime Phone #</small>

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CFR2004 (10/02)