2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104639

1. Entity Name
CITIZENS FIRST WHOLESALE MORTGAGE CO.
FIRST ← "TYPO" ERROR

Principal Place of Business	Mailing Address
3430 SOUTHERN TRACE 2ND FLOOR THE VILLAGES FL 32162	3430 SOUTHERN TRACE 2ND FLOOR THE VILLAGES FL 32162

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
560 FIELD CREST DRIVE	560 FIELD CREST DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: THE VILLAGES, FL	City & State: THE VILLAGES, FL
Zip: 32159 Country: USA	Zip: 32159 Country: USA

4. FEI Number: 11-3654971 ☐ Applied For ☐ Not Applicable

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
BURNSED, R. DEWEY 976 DEL MAR DRIVE THE VILLAGES FL 32159	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 X _____ DATE 1/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	V ~~JON WILLIAMS~~ BE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JON WILLIAMS 8774 S.E. 67TH AVE BELLVIEW, FL 34472	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D ~~H. GARY MORSE~~ H. GARY MORSE 11730 N.E. 72ND BLVD THE VILLAGES, FL 32162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V,D MARK MORSE 1100 MAIN STREET THE VILLAGES, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D R DEWEY BURNSED 976 DEL MAR DRIVE THE VILLAGES, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN WISE 1100 MAIN STREET THE VILLAGES, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: R. DEWEY BURNSED 1/9/03 (352) 259-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)