

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90326 010 ***150.00

DOCUMENT # **P 96000029806**

1. Entity Name **Select Mortgage Services, Inc.**

DO NOT WRITE IN THIS SPACE

671490

2. Principal Place of Business 2265 Lee Rd Suite, Apt. #, etc. Ste. 219		3. Mailing Address 2265 Lee Rd Suite, Apt. #, etc. Ste. 219		4. FEI Number 59-3371131		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
City & State Winter Park FL		City & State Winter Park FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32789	Country US	Zip 32789	Country US				

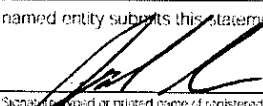
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jack Speaks
Street Address (P.O. Box Number is Not Acceptable) 2265 Lee Rd
Ste. 219
City Winter Park FL
Zip Code 32789

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  **5-1-02**
(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"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jack Speaks 1240 Mercedes P1 Orl FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linnæ Erickson 1240 Mercedes P1 Orl FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5-1-02** **407-539-1919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Daytime Phone #)