

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90030 024 ***150.00

DOCUMENT # 205337
 1. Entity Name
ST. LUCIE MORTGAGE COMPANY

Principal Place of Business Mailing Address
1216 YORK AVENUE **1216 YORK AVENUE**
FT. PIERCE FL 34982 **FT. PIERCE FL 34982**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **05-9080794** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NOURSE, PHILIP G.
1216 YORK AVE.
FORT PIERCE FL 33450

7. Name and Address of New Registered Agent
 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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | NOURSE, JIMMIE V. | |
| STREET ADDRESS | 1216 YORK AVE. | |
| CITY-ST-ZIP | FORT PIERCE FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | NOURSE, JIMMIE A. | |
| STREET ADDRESS | 1216 YORK AVENUE | |
| CITY-ST-ZIP | FORT PIERCE FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FEE, LEVAN | |
| STREET ADDRESS | 2821 S. IND. RIVER DR. | |
| CITY-ST-ZIP | FT. PIERCE FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | NOURSE, PHILIP G. | |
| STREET ADDRESS | 1216 YORK AVENUE | |
| CITY-ST-ZIP | FT. PIERCE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 all other like empowered.

SIGNATURE: Philip G. Nourse Date: Feb 27, 2002 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)