## 2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Jul 28, 2003 8:00 am			
DOCUMENT # F0000005707  1. Entity Name CONSUMER MORTGAGE SERVICES, INCORPORATED					Secretary of State 07-28-2003 90147 003 ***550.00			
Principal Place 999 WEST CH STE 200 WEST CHEST	T .	Mailing Address 999 WEST CHESTER PIK STE 200 WEST CHESTER PA 1938	- 17	-				
Principal Place of Business     Address			<del>"</del>			}		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	9	City & State	е		23-27:545 13	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$8.75 A Fee Requi			
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent			
		error error error	: Name	~ ~ ~.	a com so week a <del>company and a larger a</del>			
	PORATION SYSTEM		Street A	ddress (P.	P.O. Box Number is Not Acceptable)			
	ITH PINE ISLAND ROAD			<del>.</del>				
PLANTATI	ON FL 33324							
			City		FL Zip Co	de		
8. The above	named entity submits this statement for	the purpose of changing its	reaistered office or	registere	ed agent, or both, in the State of Florida. I am familiar with	n and accept		
	ions of registered agent.	and purpose of entanging ha	, regiono, ou omice en	, agiotoia	e de la company	, and accept		
0.0								
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signat	ure required w	when reinstating) DATE	<del></del> -		
-	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750.0	00	···			<b>00</b> May Be		
	Payable to Florida Department of				Trust Fund Contribution. LI Add	ed to Fees		
.10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition		
NAME	GAFFNEY, JOHN J		NAME					
STREET ADDRESS	200 N. BENJAMIN DRIVE		STREET ADDRESS			}		
CITY-ST-ZIP	WEST CHESTER PA 19382	1	CITY-ST-ZIP	<u> </u>				
TITLE		/ □ Delete	TITLE		☐ Change	☐ Addition		
NAME	<u>.</u>	**	NAME					
STREET ADDRESS	*** **********************************		STREET ADDRESS					
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CITY-ST-ZIP	•	`	CITY-ST-ZIP	!				
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NAME	*	) Delete	NAME		Change			
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TITLE	\	 Delete	TITLE		☐ Change	Addition		
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STREET ADDRESS	×5		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		☐ Change	Addition		
NAME		-	NAME		_ •			

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 80133746

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UNIFORN	BUSINES	S REPOR	MUBR)

DOCUMENT #

F00000005707<sup>2</sup>

CONSUM	MER MORTGAGE SERVICES	S, INCORPORATED			V	٠			
Principal Place of Business 999 WEST CHESTER PIKE STE 200 WEST CHESTER PA 19382		Mailing Address 999 WEST CHESTER PIKE STE 200 WEST CHESTER PA 19382						1.17	
2. Principal F	Place of Business	3. Mailing Address			de el les Sanse Capital de les	erge sau lui un un			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 23-2754513			plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		<b>8.75</b> Add se Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Ro	egistered Ag	ent		
C T CODI	DODATION SYSTEM		- Name .			-		· · · · · · · · · · · · · · · · · · ·	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATI	ION FL 33324					<u>·</u> _			
	·		City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	e	
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent		registered office or		·	rida. I am fan	niliar with, a	and accept	
After Se	ILE NOW!!!, FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 (Rayable to Florida Department of	).00) * · · · · · · ·			9. Election Campaign Fin.  Trust Fund Contribution			<b>0</b> May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI		RECTORS	IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MED JOINS, GARANIY SA. 7/10/03