2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 15 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006094

1. Entity Name
DISCOUNT MORTGAGE CENTER, INC.

Principal Place of Business	Mailing Address
68 CUMBERLAND ST. PLAZA CENTER, SUITE 200 WOONSOCKET, RI 02895	68 CUMBERLAND ST. PLAZA CENTER, SUITE 200 WOONSOCKET, RI 02895

2. Principal Place of Business	3. Mailing Address
68 Cumberland Street	Same
Suite, Apt. #, etc.: Plaza Center, Suite 200	Suite, Apt. #, etc.: Same
City & State: Woonsocket, RI	City & State: Same
Zip: 02895 / Country: USA	Zip: Same / Country: Same

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 05-0498140 — ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	PD DESOUSA, JAIME 68 CUMBERLAND ST., #200 WOONSOCKET, RI 02895 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500019083885 05/15/03--01047--010 **550.00
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CR2E034 (10/02)

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: _____ Jaime DeSousa, President _____ 800-863-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JI 5/21