2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # F0100003069 1. Entity Name MORTGAGE FINANCING.COM, INC.					Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90264 021 ***158.75			
Principal Place of Business Mailing Address								
1446-208 ED Martinsbur	WIN MILLER BLVD. RG WV 25401	1446-208 EDWIN MILLER BLVD. MARTINSBURG WV 25401			0000			
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 55-0770560	<u> </u>	pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
್ ಆಕ್ಸ್ಕಾರ್ ಕ	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registered	•	NO .	
0.00			Name					
SAVITT, SCOTT A 500 BELCHER RD. SOUTH #17 LARGO FL 33771			Street Address (P.O. Box Number is Not Acceptable)					
E-INGO F	- 2 33// 1		City		FL	Zip Cod	le	
B. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regis	tered ag	gent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requ	ired when re	reinstating) DATE			
			FEE IS \$150.00 Fee will be \$550.00 to Department of S		Election Campaign Financing Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND D	IRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	PTD SAVITT, MARC S 1446 - 20B EDWIN MILLER BLVD.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	MARTINSBURG WV 25401		CITY-ST-ZIP					
TITLE NAME Street address	VSD SAVITT, CHERYL A 1446 - 20B EDWIN MILLER BLVD.	☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition	
CITY-ST-ZIP	MARTINSBURG WV 25401	`	CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	·	□ Delete □	TITLE NAME STREET ADDRESS			☐ `Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE		100.	☐ Change	Addition	
TREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP					
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		T-M-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-	☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my	v signature shall have the s required by Chapter 6	e same l 07, Flori	legal effect as if made under oath; that I a	am an officer i	or director	

Date