2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

SIGNATURE:

1446 200 EDWIN HILLED DIVID

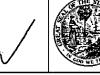
F01000003069

Mailing Address

1446-200 EDMIN LIFTED BLVD

1. Entity Name

MORTGAGE FINANCING.COM, INC.



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90506 032 ***158.75

MARTINSBURG	G WV 25401	MARTINSBURG WY 25401					
2. Principal P	Place of Business IKens Center	3. Mailing Address	ens Cente	·			T 01410 1013 10 8 3
Suite 20-B		Suite, Apt. #, etc.	20-B		CHECK HERE IF MAKING CHANGES		
Mart	insburg , WV	Martinsbu	org wv	4	55-0770560	N	opplied For lot Applicable
2540	OI Berkeley	25401	Berreley	$oldsymbol{L}oldsymbol{\perp}$. Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	7	. Name and Address of New Re	gistered Agent	
SAVITT, SCOTT A 500 BELCHER RD. SOUTH #17 LARGO FL 33771				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Coo	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re-	gistered	agent, or both, in the State of Flor	ida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTI	E: Registered Agent signature r	equired whe	in reinstating)	DATE	
F After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS AND D	DIRECTORS	11.	,	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAVITT, MARC S 1446 - 208 EDWIN MILLER BLVD. MARTINSBURG WV 25401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAVITT, CHERYL A 1446 - 20B EDWIN MILLER BLVD. MARTINSBURG WV 25401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	ı	☐ De!ete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or an attachment with an address, w	true and accurate and that n	ny signature shall have	the sam	ne legal effect as if made under o	ath; that I am an office	r or director