

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90084 034 ***150.00

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1. Entity Name
MORTGAGE SOUTH FINANCIAL SERVICES, INCORPORATED



Principal Place of Business
3029 STONYBROOK DRIVE, SUITE 105
RALEIGH NC 27604

Mailing Address
3029 STONYBROOK DRIVE, SUITE 105
RALEIGH NC 27604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 57-1076656

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BELEW, BARBARA
2744 SOUTH EAST EAGLE
PORT ST. LUCIE FL 34984

Name **Kelly Taylor**
Street Address (P.O. Box Number is Not Acceptable)
433 North East Canoe Park Cir.
City **Port St. Lucie** FL Zip Code **34983**

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 *Kelly Taylor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SINE, AARON**
STREET ADDRESS **3029 STONYBROOK DRIVE, SUITE 105**
CITY-ST-ZIP **RALEIGH NC 27604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **MUELLER, JEFFREY**
STREET ADDRESS **3029 STONYBROOK DRIVE, SUITE 105**
CITY-ST-ZIP **RALEIGH NC 27604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LOPICCOLO, CINDY**
STREET ADDRESS **3029 STONYBROOK DRIVE, SUITE 105**
CITY-ST-ZIP **RALEIGH NC 27604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President of Production** ☐ Delete
NAME **Parren S. Magler**
STREET ADDRESS **3029 Stonybrook Dr. Suite 105**
CITY-ST-ZIP **Raleigh, NC 27604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-03

Date

919876-6400

Daytime Phone #

CR2E034 (10/02)