2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F42449

Entity Name: FLORIDA STATE MORTGAGES, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

185 WAYMONT CT. 3140 PENWA CT.

#101 LONGWOOD, FL 32779

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

185 WAYMONT CT. 3140 PENWA CT.

#101 LONGWOOD, FL 32779 LAKE MARY, FL 32746

FEI Number: 59-2127038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEVIE, HOWARD N
185 WAYMONT CT.
LEVIE, HOWARD N
3140 PENWA CT.

#101 LONGWOOD, FL 32779 US LAKE MARY, FL 32746 US

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.

SIGNATURE: 04/26/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 LEVIE, HOWARD N,
 Name:
 LEVIE, HOWARD N,

 Address:
 185 WAYMONT CT. #101
 Address:
 3140 PENWA CT.

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LONGWOOD, FL 32779

Title: D (X) Delete Title: () Change () Addition

 Name:
 LEVIE, FRANCES,
 Name:

 Address:
 185 WAYMONT CT. #101
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 LEVIE, JAMES C
 Name:
 LEVIE, JAMES C

 Address:
 185 WAYMONT COURT 101
 Address:
 3140 PENWA CT.

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD N. LEVIE PD 04/26/2002