

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005302

1. Entity Name

SOUTHERN MORTGAGE REPORTING, INC. ✓

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90015 042 \*\*\*550.00

Principal Place of Business

6010 DAWSON BLVD.  
 NORCROSS GA 30093

Mailing Address

6010 DAWSON BLVD.  
 NORCROSS GA 30093

2. Principal Place of Business

3820 Northdale Bv.

3. Mailing Address

3820 Northdale Bv.

Suite, Apt. #, etc.

Suite 102B

Suite, Apt. #, etc.

Suite 102B

City & State

Tampah, FL

City & State

Tampah, FL

4. FEI Number

58-1974408

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, CRISTY  
 20512 MEETING STREET  
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name Barbara Eaton  
 Street Address (P.O. Box Number is Not Acceptable)  
3820 Northdale Bv.  
Suite 102B  
 City Tampah **FL** Zip Code 33624

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.

SIGNATURE Barbara Eaton, Exec. VP

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

(NOTE: Registered Agent signature required when reinstating)

7/6/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  Delete  
 NAME **CEO**  
 STREET ADDRESS **MCPAHAN, KYLE**  
 CITY-ST-ZIP **2657 HENDERSON RIDGE RD. TUCKER GA 30084**

TITLE  Delete  
 NAME **PCFO**  
 STREET ADDRESS **KOENIG, CRAIG J**  
 CITY-ST-ZIP **802 WHITE ROCK TRAIL SUWANEE GA**

TITLE  Delete  
 NAME **EV**  
 STREET ADDRESS **STEWART, JOHN**  
 CITY-ST-ZIP **2511 GLEN EAGLES DR. TUCKER GA 30084**

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **WHITE, JULIE**  
 CITY-ST-ZIP **575 GREENVIEW AVENUE CONYERS GA**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 13/00