

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90166 017 \*\*\*150.00

**DOCUMENT # F93000005302**



1. Entity Name  
**SOUTHERN MORTGAGE REPORTING, INC.**

Principal Place of Business  
**3820 NORTHDAL BLVD  
STE 102B  
TAMPA FL 33624**

Mailing Address  
**3820 NORTHDAL BLVD  
STE 102B  
TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1974408**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EATON, BARBARA  
3820 NORTHDAL BLVD  
STE 102B  
TAMPA FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 Trust Fund Contribution.

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MCMAHAN, KYLE 2657 HENDERSON RIDGE RD. TUCKER GA 30084</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCFO KOENIG, CRAIG J 802 WHITE ROCK TRAIL SUWANEE GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV STEWART, JOHN 2511-GLEN EAGLES-DR. TUCKER GA 30084</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WHITE, JULIE 575 GREENVIEW AVENUE CONYERS GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D mcmahan kyle 2657 Henderson Ridge 6010 Dawson Blvd, Norcross, GA 30093</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D John Stanton 23622 Lakeland Road Suite 123 Lakeland, GA 31702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/CEO Ken Boins 6010 Dawson Blvd Norcross, GA 30093</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Part C/F/15/T Patrick Bates 6010 Dawson Blvd. Norcross, GA 30093</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO Al Corraldo 172 Glen Summer Rd. Hulbrook NY 11741</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTO John Simon 6010 Dawson Blvd. Norcross, GA 30093</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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*  
**SIGNATURE REQUIRED** Patricia H. Bates

Date

2-25-03

Daytime Phone #

770416-6277

CR2E034 (10/02)