

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004786

1. Entity Name

KMG MORTGAGE SERVICES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90180 007 ***158.75

Principal Place of Business

Mailing Address

27782 VISTA DEL LAGO #29
MISSION VIEJO CA 92692

27782 VISTA DEL LAGO #29
MISSION VIEJO CA 92692-1175

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

33-0606521

Applied For

Not Applicable

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

FLORIDA COMPLIANCE SPECIALISTS INC
1331 E LAFAYETTE ST #C
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC
NAME WEST, DARREN
STREET ADDRESS 27782 VISTA DEL LAGO #29
CITY-ST-ZIP MISSION VIEJO CA 92692



TITLE V
NAME MOORE, BETTY
STREET ADDRESS 27782 VISTA DEL LAGO #29
CITY-ST-ZIP MISSION VIEJO CA 92692



TITLE ST
NAME HALLER, RON
STREET ADDRESS 27782 VISTA DEL LAGO #29
CITY-ST-ZIP MISSION VIEJO CA 92692



TITLE D
NAME WEST, JOHN
STREET ADDRESS 27782 VISTA DEL LAGO #29
CITY-ST-ZIP MISSION VIEJO CA 92692



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



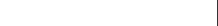
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CITY-ST-ZIP



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:

Darren West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARREN WEST

3/27/00

Date

(760) 433-0668

Daytime Phone #

CR2000034 (9/98)