2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003778

1. Entity Name

VETERANS CHOICE MORTGAGE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 13 PM 12:11

Principal Place of Business	Mailing Address
4226 COLUMBIA RD. AUGUSTA GA 30907	4226 COLUMBIA RD. AUGUSTA GA 30907-1463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4210 Columbia Rd Suite 5A	4210 Columbia Rd. Suite 5A
Suite, Apt. #, etc.: Suite 5A	Suite, Apt. #, etc.: Suite 5A
City & State: Augusta Georgia	City & State: Augusta Georgia
Zip: 30907 Country: Columbia	Zip: 30907 Country: Columbia

4. FEI Number 58-2117046 ☐ 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 STREET, STE. F TALLAHASSEE FL 32301	Name: Jim Benton Street Address (P.O. Box Number is Not Acceptable): 2163 Allens Ridge Drive East City: Palm Harbor FL Zip Code: 34683

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOUNG, JAMES C 4226 COLUMBIA RD. AUGUSTA GA 30907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS YOUNG, ROSE Y 4226 COLUMBIA RD. AUGUSTA GA 30907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003995490--6 -09/20/00--01069--005 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AP 9/1/3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Rose Y. Young Rose Y. Young 8-10-00 706 869 8059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #