2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000006466

LILBURN, GA 30047

City-St-Zip:

Entity Name: SOUTHEAST MORTGAGE OF GEORGIA, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3496 CLUE LAWRENC	B DRIVE CEVILLE, GA	30044					
Current Mailing Address:			New Maili	New Mailing Address:			
3496 CLUE LAWRENC	B DRIVE CEVILLE, GA	30044					
FEI Number:	: 58-2059073	FEI Number Applied For()	FEI Number Not App	licable()	Certificate of Status Desi	red (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
303	BEVERLY A DEL MAR D TON, FL 3343						
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agen	t, or both,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Age	ent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () HAUPT, CAL 1280 LOCHSH' LAWRENCEVIL		Title: Name: Address: City-St-Zip:	P (X HAUPT, CAL 2805 EUDORA DULUTH, GA			
Title: Name: Address: City-St-Zip:	V (†) STRAKA, BEVE 4447 ST MICH/ LILBURN, GA	AEL DR	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	V () MCELREATH, I 1200 H CLUB I DULUTH, GA 3	PRIVE	Title: Name: Address: City-St-Zip:	GOODMAN, M	FARM CIRCLE		
Title: Name: Address:	S () SHELL, JANICE 1287 TRED AV		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: MICHELLE GOODMAN V 04/30/2003