

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90061 006 ***150.00

DOCUMENT # G53682

1. Entity Name

HMS MORTGAGE COMPANY, INC.

Principal Place of Business

Mailing Address

1625 NW 136TH AVE
 STE 200
 FORT LAUDERDALE FL 33323
 US

P O BOX 551540
 FT LAUDERDALE FL 33355-154
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2349385**

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

JUDGES, ROBERT
 1625 N.W. 136TH AVE, STE 200
 FORT LAUDERDALE FL 33323

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WOLK, HOWARD	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33323	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JUDGES, ROBERT	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOOLIN, COLLEEN	
STREET ADDRESS	1625 NW 136TH AVE STE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert W. Judges
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Judges

Date

1/4/01

Daytime Phone #

CR2E034 (10/00)