2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# G55016

Entity Name: LOWE MORTGAGE BROKER CORP.

Current Principal Place of Business:

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE, FL 34949

New Principal Place of Business:

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE, FL 34949 US

Current Mailing Address:

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE, FL 34949

New Mailing Address:

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE, FL 34949 US

FEI Number: 59-2457247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, ROBERT J.
4949 N. A1A, SUITE 131
#103
FT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOWE, ROBERT J.,
Address: 4949 NORTH A1A, #131
City-St-Zip: FT. PIERCE, FL

Title: ST ( ) Delete
Name: LOWE, ROBERT J.,
Address: 4949 NORTH A1A, #131
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOWE, ROBERT J.,
Address: 4949 NORTH A1A, #131
City-St-Zip: FT. PIERCE, FL 34949 US

Title: ST (X) Change ( ) Addition
Name: LOWE, ROBERT J.,
Address: 4949 NORTH A1A, #131
City-St-Zip: FT. PIERCE, FL 34949 US

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.

SIGNATURE: ROBERT J LOWE PD 04/29/2002

Electronic Signature of Signing Officer or Director — Date