


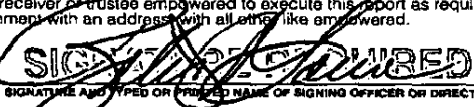
**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91417 032 \*\*\*150.00

11040368



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # G55016</b>			
1. Entity Name <b>LOWE MORTGAGE BROKER CORP.</b>			
Principal Place of Business C/O ROBERT J. LOWE 4949 NORTH A1A, #131 FT. PIERCE FL 34949 US		Mailing Address C/O ROBERT J. LOWE 4949 NORTH A1A, #131 FT. PIERCE FL 34949 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2457247</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LOWE, ROBERT J. 4949 N. A1A, SUITE 131 #103 FT PIERCE FL 34949</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LOWE, ROBERT J. 4949 NORTH A1A, #131 FT. PIERCE FL 34949</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST LOWE, ROBERT J. 4949 NORTH A1A, #131 FT. PIERCE FL 34949</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date: <b>4-1-03</b> Daytime Phone: <b>772 467 6500</b>	

CR2E034 (10/02)