

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02469

1. Entity Name
UNITED SECURITY MORTGAGE COMPANY, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90089 049 ***558.75

Principal Place of Business
101 S WYMORE RD STE 2000
ALTAMONTE SPRINGS FL 32714

Mailing Address
~~101 S WYMORE RD STE 2000~~
~~ALTAMONTE SPRINGS FL 32714~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		SUITE 210	
City & State		Clearwater, FL 33762	
Zip	Country	Zip	Country

4. FEI Number	59-2859024	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WAYNE D. SCHNEIDERHAN 101 S WYMORE RD STE 2000 ALTAMONTE SPRINGS FL 32714		Name: WAYNE D. SCHNEIDERHAN Street Address (P.O. Box Number is Not Acceptable): 3696 Ulmerton Rd SUITE 210 City: CLEARWATER FL Zip Code: 33762	

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: Wayne D. Schneiderhan DATE: 8/2/00

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT SCHNEIDERHAN, WAYNE 304 E GREENTREE LANE LAKE MARY FL <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wayne D. Schneiderhan DATE: 8/2/00 DAYTIME PHONE #: 727-571-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)