**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Jan 21, 2003 8:00 am **Secretary of State** DOCUMENT # K85921 01-21-2003 90537 036 \*\*\*150.00 1. Entity Name THOMAS MORTGAGE & FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address % PEGGY A. THOMAS % PEGGY A. THOMAS 1180 SPRING CENTRE SOUTH #223 1180 SPRING CENTRE SOUTH #223 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-2946059 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, PEGGY A. Street Address (P.O. Box Number is Not Acceptable) 304 PARTRIDGE LANE LONGWOOD FL 32779 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition THOMAS, PEGGY A. MAME NAME 304 PARTRIDGE LANE STREET ADDRESS STREET ADDRESS Longwood, FL 32779 LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change X Addition NAME THOMAS, PEGGY A. NAME STREET ADDRESS 304 PARTRIDGE LANE STREET ADDRESS Longwood, FL 32779 CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition NAME BENNETT, ROSS G NAME STREET ADDRESS 33403 E LAKE JOANNA DR STREET ADDRESS CITY-ST-ZIP **EUSTIS FL 32736** CITY-ST-ZIP **VD** ☐ Delete TITLE ☐ Change ☐ Addition CARLTON, MICHAEL H NAME STREET ADDRESS 2757 NIGHT HAWK CT STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TA Change TITLE Delete TITLE Addition NAME GOODPASTURE, KEVIN M NAME 112 SHORE DR STREET ADDRESS STREET ADDRESS 1433 Winston Road CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP Maitland, FL ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 attachment with an address, with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP