

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000021160

FILED
Mar 18, 2003
Secretary of State

Entity Name: 1ST NATION'S MORTGAGE, LLC

Current Principal Place of Business:

3350 BUSHWOOD PARK DRIVE, SUITE 195
TAMPA, FL 33618

New Principal Place of Business:

3350 BUSCHWOOD PARK DRIVE
SUITE 195
TAMPA, FL 33618

Current Mailing Address:

3350 BUSHWOOD PARK DRIVE, SUITE 195
TAMPA, FL 33618

New Mailing Address:

3350 BUSCHWOOD PARK DRIVE
SUITE 195
TAMPA, FL 33618

FEI Number: 02-0638152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: FISH, JIM
Address: 3350 BUSHWOOD PARK DRIVE, SUITE 195
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: CLARK, JENNIFER
Address: 3350 BUSHWOOD PARK DRIVE, SUITE 195
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CLARK-GREY, JENNIFER
Address: 3350 BUSCHWOOD PARK DRIVE SUITE 195
City-St-Zip: TAMPA, FL 33618

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JENNIFER CLARK-GREY

MGR

03/18/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date