2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93961

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90117 007 ***150.00

I WORT	GAGE SECURITY NETWORK,	INC.					
Principal Place of Business 974 PAPAYA LANE WINTER SPRINGS FL 32708 US		Mailing Address 974 PAPAYA LANE WINTER SPRINGS FL 32708 US		2 WEI) (SENSE) DE MERCE (NUR MENO ROME AND AND	11 81211 81 311 811	iil Brait Dian 1880
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0211476 Applied For		
Zip	Country	Zip	Country	+	5 C-11/2 - 10	\$8.75 A	Not Applicable
	6. Name and Address of Current	Registered Agent			<u> </u>	Fee Requi	ired
BOYNTO	., CLIFF AVILAND CIRCLE ON BEACH FL 33437		Q City	7. Name and Address of New Registered Agent Ronald McLemore 1 Address (P.O. Box Number is Not Acceptable) 14 Papaya Lane Pinter Springs FL Zip Code 32708 or registered agent, or both, in the State of Florida. Lam familiar with, and accept			
SIGNATURE	1/ 1/ 1/ 1/1/ D	d title if applicable. (NOT	E: Registered Agent signa		9. Election Campaign Financing	\$5.0	00 May Be
10. OFFICERS AND DIRECTORS			11.				
TITLE	[Ρ	" Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	KIMMEL, RANDYE 974 PAPAYA LN WINTER SPRINGS FL 32708	,	NAME STREET ADDRESS CITY-ST-ZIP			Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIMMEL, CLIFF 7181 HAVILAND CIRCLE BOCA RATON FL 33437	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kimm 974 F	rel, Randye Dapayalane er Springs FL 32708	Tenange	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	001111	AL SPLINGS FC 3 X 308	☐ Change	☐ Addition
TITLE NAME STREET-ADDRESS- CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZÍP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

407-388-0933

☐ Change

☐ Addition