

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000007646**

1. Entity Name

**FLORIDA SOCIETY OF CERTIFIED MORTGAGE SPECIALIST  
S, INC.**

Principal Place of Business

Mailing Address

**1292 CEDAR CENTER DR.  
TALLAHASSEE FL 32301****P.O. BOX 6477  
TALLAHASSEE FL 32314-6477**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3616964**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORDELL-SMITH, KAREN  
1292 CEDAR CENTER DR.  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOMKO, STEVE</b>	
STREET ADDRESS	<b>1292 CEDAR CENTER DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPEARMAN, MARY</b>	
STREET ADDRESS	<b>1292 CEDAR CENTER DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WORDELL-SMITH, KAREN J</b>	
STREET ADDRESS	<b>1292 CEDAR CENTER DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIDNEY WEIGNER</b>	
STREET ADDRESS	<b>7027 BROWARD BLVD #169</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	

TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KATHY LOVE</b>	
STREET ADDRESS	<b>8651 PEBBLE CREEK LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	

TITLE	<b>DS/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Karen J. WordeLL-Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/30/2002  
Date850-942-6411  
Daytime Phone #**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90018 016 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)