


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90201 007 ***150.00

DOCUMENT # P00000041228	
1. Entity Name U.S. MORTGAGES & FINANCIAL SERVICES, INC.	

Principal Place of Business 315 LIVE OAK ST. NEW SMYRNA BCH FL 32168	Mailing Address 315 LIVE OAK ST. NEW SMYRNA BCH FL 32168
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3658197	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUMAN, L. CLAYTON 315 LIVE OAK ST. NEW SMYRNA BCH FL 32168
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7. Name and Address of New Registered Agent 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. 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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
PVTS HUMAN, L. CLAYTON 315 LIVE OAK ST. NEW SMYRNA BCH FL 32168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
D HUMAN, L. CLAYTON 315 LIVE OAK ST. NEW SMYRNA BCH FL 32168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
President CLAYTON Human 315 LIVE OAK ST New Smyrna Bch, FL 32168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
	<input type="checkbox"/>

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2003
Date
Daytime Phone #

CR2E034 (10/02)