

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000057701

FILED
Jan 09, 2003
Secretary of State

Entity Name: UNION PLANTER'S MORTGAGE CORP.

Current Principal Place of Business:

6952 MILLBROOK PLACE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6952 MILLBROOK PLACE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-1018595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPAS, NICK
6952 MILLBROOK PLACE
LAKE WORTH, FL 33463 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAPAS, CHRISTINA
Address: 7799 SPRINGFIELD LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAPAS, CHRISTINA
Address: 6952 MILLBROOK PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Change (X) Addition
Name: PAPAS, NIKOLAOS
Address: 6952 MILLBROOK PLACE
City-St-Zip: LAKE WORTH, FL 33463

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK PAPAS

VP

01/09/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date