## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

Principal Place of Business

1675 PALM BEACH LAKES BOULEVARD

P00000062747

Mailing Address

1675 PALM BEACH LAKES BOULEVARD

1. Entity Name

OCWEN CONSUMER SOLUTIONS, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90139 042 \*\*\*150.00

2. Principal Place of Business			WEST PALM BEACH FL 33401  3. Mailing Address									
City & Sta	te		City & State				4. FEI Number 65-1020153					Applied For
Zip Country			Zip C		Country		5. Cert	ificate of St	atus Desired		\$8.75 Fee Req	Additional
	6. Name	and Address of Current	Registered Ag	jent			7. Nam	e and Add	ress of New	Registered	Agent	
ERBEY, JO	OHN R				Name				1			
		AKES BOULEVARD		Street Addres			O. Box N	Number is N	Not Acceptabl	e)		,
. '	LM BEACH											
					City				<u>.</u>	F	Zip C	Jode
	named entity	y submits this statement fo	r the purpose of	of changing its re	gistered office of	r registered	d agent,	or both, in	the State of Fl	orida. I am	ı familiar w	ith, and accept
ille poliga	uons or regist	ered agent.										
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable	. (NOTE: R	egistered Agent signa	ture required wh	hen reinstat	ing)		DATE		
· ) F	DE NOWI	! FEE IS \$150.00						<del></del> -				
Afte	r May 1, 200	3 Fee will be \$550.00							Campaign Fi	_	<b>\$5</b>	5.00 May Be Ided to Fees
Make Chec	k Payable to	Florida Department of	State					ndati d	- CONTIDUR	J11.		ded to rees
10.	IDOFO	OFFICERS AND			11.		ADDIT	IONS/CHA	NGES TO OF	FICERS AN		
TITLE NAME	DCEO ERBEY, WI	I HAM C		☐ Delete	TITLE NAME						Chang	ge
STREET ADDRESS		I BEACH LAKES BOUL	EVARD #A		STREET ADDRESS							
CITY-ST-ZIP	WEST PAL	M BEACH FL 33401			CITY-ST-ZIP							
TITLE	Р			<b>X</b> Delete	TITLE	P					<b>X</b> Chang	ge 🔲 Addition
NAME CERCET ADDRECC	REICH, CH				NAME	1		FARIS	7 17770	DI 11D		
STREET ADDRESS CITY-ST-ZIP		I BEACH LAKES BLVD M BEACH FL 33401			STREET ADDRESS CITY-ST-ZIP	1			LAKES			
TITLE	S	III DENOTITE COTOT		☐ Delete	TITLE	MEST 1	PALM	DEACH	, FL 33	401	Chanc	ge
NAME	ERBEY, JO	HN R		Delicie	NAME							jo nodition
STREET ADDRESS		BEACH LAKES BLVD			STREET ADDRESS							
CITY-ST-ZIP		M BEACH FL 33401			CITY-ST-ZIP	ļ						
TITLE NAME	EVP Faris, Roi	NAID M	•	<b>∑</b> Delete	TITLE NAME						☐ Chang	ge 🗌 Addition
STREET ADDRESS		IS BEACH LAKES BLVI	)		STREET ADDRESS							
CITY-ST-ZIP		M BEACH FL 33401	•		CITY-ST-ZIP							
TITLE	SVP			<b>☑</b> Delete	TITLE	v					<b>K</b> Chang	ge 🔲 Addition
	BARNES, J				NAME			CHOLS				
STREET ADDRESS CITY-ST-ZIP		I BEACH LAKES BLVD M BEACH FL 33401			STREET ADORESS CITY-ST-ZIP				LAKES			
TITLE	D PALI	ALDEMOLI LE 9940		TZDoloto			<u> PALM</u>	BEACH	, FL 33	401	1071 Oberes	
	FARIS, ROI	NALD M	ļ	_XDelete	TITLE NAME	V/T	w c	DOKOS			X Chang	ge
		BEACH LAKES BLVD.			STREET ADDRESS				LAKES	RT VID		
CITY-ST-ZIP	WEST PALI	M BEACH FL 33401			CITY-ST-ZIP	1			FI 33			
12. Thereby o	ertify that the	information supplied with	this filing does	not qualify for the	e exemption sta	ted in Secti	on 119.0	)7(3)(i). Flo	rida Statutes.	I further ce	rtify that th	e information

indicated on this réport 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 impowered.

SIGNATURE:

MICHANION SQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-682-8000