

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000079760

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: CORINTHIAN MORTGAGE SERVICES, INC.

## Current Principal Place of Business:

1369 HWY A1A, #6  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

599 SHERWOOD AVENUE  
SUITE 110  
SATELLITE BEACH, FL 32937

## Current Mailing Address:

1369 HWY A1A, #6  
SATELLITE BEACH, FL 32937

## New Mailing Address:

FEI Number: 59-3651714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEPPER, KARIN  
250 PARK AVE  
SATELLITE BEACH, FL 32937 US

## Name and Address of New Registered Agent:

PEPPER, KARIN  
411 OLEANDER LANE  
MELBOURNE, FL 32935 US

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

04/29/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: LYNCH, PETER J  
Address: 1369 HWY A1A, #6  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: LYNCH, PETER J  
Address: 1369 HWY A1A, #6  
City-St-Zip: SATELLITE BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER J LYNCH

Electronic Signature of Signing Officer or Director

MR

04/29/2002

Date