


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90284 048 ***150.00

DOCUMENT # P01000119233
1. Entity Name
FIRST UNITED MORTGAGE CORP.



DO NOT WRITE IN THIS SPACE

90066303

2. Principal Place of Business
201 EAST PINE STREET
Suite, Apt. #, etc.
SUITE 315
City & State
ORLANDO, FL
Zip
32801

3. Mailing Address
717 EAST OAK STREET
Suite, Apt. #, etc.
City & State
KISSIMMEE, FL
Zip
34744

DO NOT WRITE IN THIS SPACE

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4. FEI Number
59-3761069
Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent
Name
HARRY J. SWART, CPA
Street Address (P.O. Box Number is Not Acceptable)
717 EAST OAK STREET
City
KISSIMMEE, FL Zip Code
34744

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  DATE 03/10/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

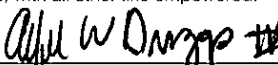
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D GRAEFF, GREGOR 10919 LAKESHORE DRIVE CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D DRIGGS, ALFRED W., IV 322 EAST CENTRAL BLVD., #1206 ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  ALFRED W. DRIGGS IV 3/25/03 407-650-9905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #