JAN-16-2004 13:57 P.01/02

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000117537

Entity Name
SIGNATURE MORTGAGE GROUP, INC.

FILED
04 FEB -3 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
503 CAPE CORAL PARKWAY WEST APT 201
CAPE CORAL FL 33914

Mailing Address
503 CAPE CORAL PARKWAY WEST APT 201
CAPE CORAL FL 33914

SIGNATURE MORTGAGE GROUP INC

2. Principal Place of Business: 6276 Town Center Cir
Suite, Apt. #, etc.:
City & State: NAPLES Fla
Zip: 34119 Country: Collier

3. Mailing Address: 1703 Langhorne / Newtown Road
Suite, Apt. #, etc.:
City & State: LANGHORNE PA.
Zip: 19047 Country: Bucks

REINSTATEMENT 03-04

4. FEI Number: 11-3662722 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RACZAK, NICOLE
503 CAPE CORAL PARKWAY WEST APT 201
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name: MAdelyn M BROWN
Street Address (P.O. Box Number is Not Acceptable): 6276 Town Center Circle
City: NAPles FL Zip Code: 34119

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] MADELYN M BROWN 1-16-04

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BIERMAN, NANCY S 4 CORNWELL DRIVE NEW HOPE PA 18938 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300028161373 02/03/04--01065--013 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD BROWN, MADELYN M 410 GREENWICH COURT NEW HOPE PA 18938 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] MAdelyn M BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)