01-13-2003 90477 031 ***150.00

FILED P02000128579
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 31 AM 11:55

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128579

1. Entity Name
Express Mortgage Group, Inc.

DO NOT WRITE IN THIS SPACE

200C5118
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3170 N Federal Hwy	3170 N Federal Hwy
Suite, Apt. #, etc.: STE 206 B	Suite, Apt. #, etc.: STE 206 B
City & State: Lighthouse Point, FL	City & State: Lighthouse Point, FL
Zip: 33064 Country: US	Zip: 33064 Country: US

4. FEI Number: 010756571 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PAUL T. MORRIS, JR.

Street Address (P.O. Box Number is Not Acceptable): 3170 N Federal Hwy; STE 206 B

City: Lighthouse Point FL Zip Code: 33064

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] President, Paul T. Morris, Jr. 1/10/2003 STATE

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

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 MORRIS, PAUL T. JR. 3170 N Federal Hwy STE 206 B Lighthouse Point FL 33064	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: [signature] President Paul T. Morris Jr. 1/10/03 954-7884686

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

1/31 [initials]