



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 026 ***150.00

DOCUMENT # P03000076333 1. Entity Name UNITED SECURITY MORTGAGE CONSULTANTS INC.																													
Principal Place of Business 3696 ULMERTON RD. SUITE 210 CLEARWATER FL 33762				Mailing Address 3696 ULMERTON RD. SUITE 210 CLEARWATER FL 33762																									
2. Principal Place of Business 2651 ULMERTON ROAD Suite, Apt. #, etc.		3. Mailing Address 2651 ULMERTON ROAD Suite, Apt. #, etc.		 MOORE CR2E034 (11/03)																									
City & State CLEARWATER, FL Zip 33762 Country USA		City & State CLEARWATER, FL Zip 33762 Country USA		4. FEI Number 83-0365880																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent SCHNEIDERHAN, WAYNE 3696 ULMERTON RD. SUITE 210 CLEARWATER FL 33762				7. Name and Address of New Registered Agent Name WAYNE D. SCHNEIDERHAN Street Address (P.O. Box Number is Not Acceptable) 2651 ULMERTON ROAD City CLEARWATER FL Zip Code 33762																									
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 <u>Wayne D. Schneiderhan</u> WAYNE D. SCHNEIDERHAN <u>2/18/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: <u>Wayne D. Schneiderhan</u> WAYNE D. SCHNEIDERHAN <u>2/18/2004</u> <u>727-571-3200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													