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FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000071762 (7)**

1. Corporation Name
UNIVERSAL MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
8382 BAYMEADOWS RD SUITE 5 JACKSONVILLE FL 32256 US	8382 BAYMEADOWS RD SUITE 5 JACKSONVILLE FL 32256-7436 US

3. Date Incorporated or Qualified: 10/15/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-3244703 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUSSO, PETER
8382 BAY MEADOWS ROAD
SUITE 5
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	V. PRES	☐ Change ☐ Addition
NAME	RUSSO, PETER		1.2 NAME	PATRICK SINGLETARY	
STREET ADDRESS	1136 QUEENS HARBOUR BLVD		1.3 STREET ADDRESS	13613 MARSH HARBOR N.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JAX FL 32225	
TITLE	VP	☒ DELETE	2.1 TITLE	VP OPS	☐ Change ☐ Addition
NAME	BERRY, BONNIE J.		2.2 NAME	JORGE SUAZO	
STREET ADDRESS	1541 6TH AVENUE NORTH		2.3 STREET ADDRESS	9378 ARLINGTON EXPWY #83	
CITY-ST-ZIP	JACKSONVILLE BEACH FL		2.4 CITY-ST-ZIP	JAX FL 32225	
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, DAVE		3.2 NAME		
STREET ADDRESS	6426 WESLEYAN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	400002196894	
STREET ADDRESS			6.3 STREET ADDRESS	-06/02/97--01002--011	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***990.00	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/1/97

CR2E034 (9/96)