

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000091411

FILED
Jan 06, 2003
Secretary of State

Entity Name: THE MORTGAGE CLINIC, INC.

Current Principal Place of Business:

1601 N PALM AVE
SUITE 210
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

1601 N PALM AVE
210
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0545675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLEHUBER, TIM I
12054 NW 11 ST
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: SCHLEHUBER, TIM I
Address: 12054 NW 11 ST
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: SCHLEHUBER, TIM I
Address: 12054 NW 11 ST
City-St-Zip: PEMBROKE PINES, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM I SCHLEHUBER

PRES

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date