

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044134

1. Entity Name
MORTGAGEONE FINANCIAL SERVICES CORP.



Principal Place of Business
1637 E VINE ST
STE. D
KISSIMMEE FL 34744
US

Mailing Address
1637 E. VINE ST.
STE. D
KISSIMMEE FL 34744
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BROWN, DONNA
2114 ROYAL FERN CT
LONG WOOD FL 32779

7. Name and Address of New Registered Agent

Name John Smoley
Street Address (P.O. Box Number is Not Acceptable)
649 ADRIANE PARK CIRCLE
City Kissimmee FL Zip Code 34744

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/03
DATE

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 11

TITLE CEO
NAME SMOLEY, JOHN ☐ Delete
STREET ADDRESS 649 ADRIANE PARK CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE VP, SEC. D
NAME PATRICE SMOLEY ☐ Change ☒ Addition
STREET ADDRESS 649 ADRIANE PARK CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE PSD
NAME BROWN, DONNA ☒ Delete
STREET ADDRESS 2114 ROYAL FERN CT
CITY-ST-ZIP LONG WOOD FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03 407-870-9090
Date Daytime Phone #

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90072 006 ***150.00



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3379929
Applied For
Not Applicable

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

CR2E034 (10/02)