FILED

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P96000045517 DOCUMENT # 1. Entity Name -2002 90070 022 ***150 00 SOUTHERN HOME MORTGAGE, INC. Principal Place of Business Mailing Address 933 BEVILLE ROAD PO BOX 551260 JACKSONVILLE FL 32255 103-F SOUTH DAYTONA FL 32119 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3382006 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANSBACHER, LEWIS Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT ROAD **BULIDING 100** JACKSONVILLE FL 32256 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE ☐ Addition TITLE Delete ☐ Change SCHWARTZ, WINSTON NAME NAME CR2E034 933 BEVILLE ROAD #103-F STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32119 CITY-ST-ZIP CITY-ST-ZIP TITLE DPT ☐ Delete TITLE ☐ Change ☐ Addition ADLEY, JAMIE NAME NAME 933 BEVILLE ROAD #103-F STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32119 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if

SIGNATURE:

PREBIDET STAME ADLEM OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR