2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000023327

DEVINE, DANIELLE C

BROOKLINE, MA 02446

91 FULLER ST

Name:

Address: City-St-Zip:

Entity Name: DEVINE MORTGAGE BROKERS, INC.

FILED Apr 15, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 65 ROYAL PALM POINTE SUITE E VERO BEACH, FL 32960 US **New Mailing Address: Current Mailing Address:** 65 ROYAL PALM POINTE SUITE E VERO BEACH, FL 32960 US FEI Number: 65-0738096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEVINE, ANN S 65 ROYÂLE PALM POINTE SUITE E VERO BEACH, FL 32960 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DEVINE, JAMES A Name: Name: 65 ROYAL PALM POINTE SUITE E Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: VPD Title: () Change () Addition () Delete Name: DEVINE, ANN S Name: 65 ROYAL PALM POINTE SUITE E Address: Address: VERO BEACH, FL 32960 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANN S. DEVINE VPD 04/15/2003