FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91409 002 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079674

1. Entity Name
SOUTHEAST MORTGAGE GROUP, INC.

20041199

Principal Place of Business	Mailing Address
4823 SILVER STAR RD, SUITE 170, ORLANDO, FL 32818 US	1315 N HART BLVD, ORLANDO, FL 32818 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4823 Silver Star Rd	
Suite, Apt. #, etc. Ste 170	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32808 Country USA	Zip Country

4. FEI Number 59-3466568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PINKSTON, ELIZABETH 1315 N. HART BLVD. ORLANDO, FL 32818	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

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
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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PINKSTON, ELIZABETH		NAME	
STREET ADDRESS	1315 N. HART BLVD.		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	
TITLE	DM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PINKSTON, CORNELIUS		NAME	
STREET ADDRESS	1315 N HART BV		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Elizabeth Pinkston 5/1/03 407-297-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #