

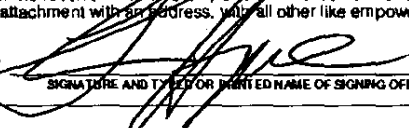


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90137 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000068790								
1. Entity Name ARIEL MORTGAGE SERVICES, INC.								
Principal Place of Business 4601 W KENNEDY BLVD. #124 TAMPA, FL 33609		Mailing Address 4601 W KENNEDY BLVD. #124 TAMPA, FL 33609		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number 59-3527088 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>	Applied For		Not Applicable	
Applied For								
Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HUGGINS, THOMAS III 4516 TARPON DRIVE TAMPA, FL 33617				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____								
FILE NOW!!! FEES \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	HUGGINS, THOMAS		NAME					
STREET ADDRESS	4516 TARPON DRIVE		STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP					
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	HUGGINS, THOMAS III		NAME					
STREET ADDRESS	4516 TARPON DRIVE		STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			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)(1), 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: 			Date: 4/29/03 (813) 207-0003					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			E-File Phone #					

CR2E034 (10/02)