

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90061 046 ***150.00

DOCUMENT # P98000073512

1. Entity Name
GUARANTY MORTGAGE FINANCIAL SERVICES COMPANY

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 405 Central Avenue Suite, Apt. #, etc. Suite 111		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3529799		Applied For Not Applicable	
City & State St. Petersburg, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33701-3876	Country	Zip	Country Pinellas				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David A. Maso	
Street Address (P.O. Box Number is Not Acceptable) 405 Central Avenue, Suite 111	
City St. Petersburg	FL Zip Code 33701-3876

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  DATE **4.23.02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T David A. Maso 405 Central Avenue St. Petersburg, FL 33701-3876	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other persons empowered.

SIGNATURE:  DATE **4.23.02** Daytime Phone # **888-397-0374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)