


**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90142 039 \*\*\*150.00

DOCUMENT #	P98000073543	
1. Entity Name	CLEAR CHOICE MORTGAGE SERVICES, INC.	



Principal Place of Business	Mailing Address
5728 MAJOR BLVD	5728 MAJOR BLVD
#208	#208
ORLANDO FL 32819	ORLANDO FL 32819
US	US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
C. Name and Address of Current Principal Agent:			

6. Name and Address of Current Registered Agent		
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CLEARY, DONNA	Name
5728 MAJOR BLVD	Street Address (
SUITE 208	
ORLANDO FL 32819	City

4. FEI Number <b>59-3529348</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

P.O. Box Number is Not Acceptable)	
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

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be  Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLEARY, DONNA</b> <b>3452 S LAKE BUTLER BLVD</b> <b>WINDERMERE FL 34786</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Donna R. Reeves 3/26/03 407-370-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)