

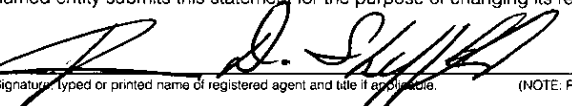
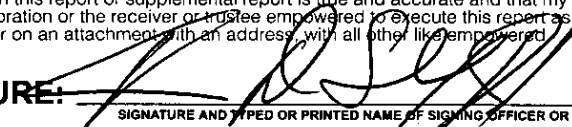
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90074 020 ***150.00

A0036174

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|---|----------------|
| DOCUMENT # P98000081760 ✓ | | | |
| 1. Entity Name Executives Choice Mortgage, Inc. | | | |
| Principal Place of Business 4809 E. Busch Blvd. Suite 205 Tampa, FL 33617 | | Mailing Address 4809 E. Busch Blvd. #205 Tampa, FL 33617 | |
| 2. Principal Place of Business 4809 E. Busch Blvd Suite, Apt. #, etc. Suite 205 | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Tampa FL | | City & State Same | |
| Zip 33617 | County Hillsborough | Zip | Country |
| 6. Name and Address of Current Registered Agent James D. Shethfield 3407 N. 52nd St. Tampa, FL 33619 | | 7. Name and Address of New Registered Agent Name: James D. Shethfield Street Address (P.O. Box Number is Not Acceptable): 3407 N. 52nd St. City: Tampa FL Zip Code: 33619 | |
| 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 15 MAR 01 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE President <input type="checkbox"/> Delete | | | |
| NAME James D. Shethfield | | | |
| STREET ADDRESS 4809 E. Busch Blvd., Suite 205 | | | |
| CITY-ST-ZIP Tampa, FL 33617 | | | |
| TITLE | | | |
| NAME | | | |
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| CITY-ST-ZIP | | | |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
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| CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | DATE 15 MAR 01 DAYTIME PHONE # (813) 985-5580 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

CR2E034 (11/00)