2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90106 037 ***150.00

DOCUMENT # P98000099496

1. Entity Name
USA HOME LOANS, INC.

Principal Place of Business	Mailing Address
6574 NORTH STATE ROAD SEVEN SUITE 115 COCONUT CREEK FL 33073-3617	6574 NORTH STATE ROAD SEVEN SUITE 115 COCONUT CREEK FL 33073-3617

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
498 Boca Raton Road, NE	P. O. Box 1682
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33429 Country:	Zip: 33429 Country:

4. FEI Number 65-0879547 ☐ 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
DIPARDO, CHARLES J 6574 NORTH STATE ROAD SEVEN SUITE 115 COCONUT CREEK FL 33073-3617	Name: Mark R. Campisi Street Address (P.O. Box Number is Not Acceptable): 498 Boca Raton Road, NE City: Boca Raton FL Zip Code: 33429

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] Pres 2/11/03
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPISI, MARK R 6574 N. STATE RD SEVEN STE 115 COCONUT CREEK FL 33073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change ☐ Addition 498 Boca Raton Road, NE Boca Raton, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Pres 2/11/03 1-800-928-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #