

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90308 017 \*\*\*150.00

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

<b>DOCUMENT # P99000056040</b>			
1. Entity Name <b>VICTORIAN MORTGAGE GROUP, INC.</b>			
Principal Place of Business 17521 US HIGHWAY 441 SUITE 21 MOUNT DORA, FL 32757		Mailing Address 17521 US HIGHWAY 441 SUITE #9 MOUNT DORA, FL 32757	
2. Principal Place of Business <b>2626 Gables DR.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>EUSTIS FL</b>		City & State	
Zip <b>32726</b>	Country <b>LAKE</b>	Zip	Country
4. FEI Number <b>59-3578279</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COX, HUBERT S 2626 GABLES DR EUSTIS, FL 32726</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>Hubert S. Cox</b> DATE <b>4/26/03</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COX, HUBERT S 2626 GABLES DR EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Hubert S. Cox</b>		DATE: <b>4/26/03</b> PHONE: <b>321-689-0057</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034 (10/02)