2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000073603

Entity Name: UNITED MORTGAGE LENDERS, INC.

FILED Jan 07, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5201 CONGRESS AVENUE SUITE C234 BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** 5201 CONGRESS AVENUE SUITE C234 BOCA RATON, FL 33487 US FEI Number: 65-0938671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THORNTON, JILL DOM THORNTON, JILL DOM 5201 CONGRESS AVE. 301 CRAWFORD BLVD SUITE 201 SUITE C234 BOCA RATON, FL 33432 US BOCA RATON, FL 33487 US 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: 01/07/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition THORNTON, JAMIE A Name: Name: 710 ELDORADO LANE Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 US City-St-Zip: Title: Title: () Delete () Change () Addition CHAPMAN, BRENT D Name: Name: 1522 ASBURY WAY Address: Address: BOYNTON BEACH, FL 33426 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete BRUCE, CHRIS BRUCE, CHRISTOPHER W Name: Name: 1522 ASBURY WAY 1522 ASBURY WAY Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 US City-St-Zip: BOYNTON BEACH, FL 33426 US Title: () Delete Title: () Change () Addition THORNTON, RALPH F Name: Name: Address: 760 SAINT ALBANS DRIVE Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33486 US Title: Title: OM () Delete () Change () Addition THORNTON, JILL D Name: Name: 710 ELDORADO LANE Address: Address: DELRAY BEACH, FL 33444 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition GILMORE, TODD M Name: Name: 741 NW 7TH DR Address: Address: City-St-Zip: BOCA RATON, FL 33486 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

	Flacture Comments of Circuit of Office of Diseases		D-1-
SIGNATURE:	JILL D. THORNTON	ОМ	01/07/2003