2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90274 011 ***150.00

C241117 AV

DOCUMENT # P99000105940

1. Entity Name
THE MORTGAGE SHOPPE, INC.

Principal Place of Business	Mailing Address
300 S.W. 2ND STREET	300 S.W. 2ND STREET
#10	#10
FORT LAUDERDALE FL 33312	FORT LAUDERDALE FL 33312

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0966160 ☐ 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
FISHER, NORMAN G 1424 S.W. 9TH STREET FORT LAUDERDALE FL 33312	Name: NORMAN G. FISHER Street Address (P.O. Box Number is Not Acceptable): 300 SW 2 STREET SUITE 10 City: FORT LAUDERDALE FL Zip Code 33312

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: NORMAN G. FISHER DATE: 4-23-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	FISHER, NORMAN G	NAME	FISHER, NORMAN G
STREET ADDRESS	~~1424 S.W. 9TH STREET~~ 405 NE 8 AVENUE	STREET ADDRESS	405 NE 8 AVENUE
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33312~~ FORT LAUDERDALE FL 33301	CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 REQUIRED~~ Norman G. Fisher 4-23-03 954-763-5980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #