2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F0000003247 **DOCUMENT #**

1. Entity Name

JERSEY MORTGAGE COMPANY OF NEW JERSEY, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90092 033 ***150.00

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Zip Country Zip Country S. Certificate of Status Desired Season S	Suite, Api	ot. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
South Price State of Status Desired \$8.75 Additional \$8.875 Ad	City & Sta	ate	City & State				4.	4. FEI Number 22-2985976				-			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL 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 onligations of registered agent. When the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the onligations of registered agent. When the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the onligations of registered agent. When the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the change of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the change of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the change of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the change of Florida. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Floridae Department of State 10.	Zip Country							5. Certificate of Status Desire			esired	\$8.75 Additional			
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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 registering agent. SIGNATURE	1200 SO	UTH PINE ISLA				Street Addre	ss (P.O. I	Box Numbe	r is Not Acc	eptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	PLANIA	HUN FL 33324					City					Æ1	Zip Coo		4
SIGNATURE Signamm Speed or primar harm or inglinked appirs and file if appiration (NOTE Regreered Agent signature required when reinatoring) DATE	A The above	a named entity o	Ibmite this statement for	or the sures	an of about its its		-1 - (()						1 '		_
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SIGNATURE:

SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR