

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91805 008 ***150.00

DOCUMENT # **F02060001336**

1. Entity Name

Community Capital Mortgage



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5421 Beaumont Center Blvd

3. Mailing Address
Same as number 2

Suite, Apt. #, etc.
655

Suite, Apt. #, etc.

City & State
Tampa Florida

City & State

Zip
33634

Country
Hillsborough

Zip

Country

4. FEI Number
48-1225296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Florida Compliance Specialist**

Street Address (P.O. Box Number is Not Acceptable)

2331 Hanson Pl

City **Tallahassee**

FL Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Izaak Patten P	2017 Skimmer Ct East #422	Clearwater FL 33762
	Jeff Basler V	11322 w 129th st	Overland Park Ks 66213

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.01.2003

913 685 0871

Date

Daytime Phone #

CR2E034B (12/02)