

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 038 ***150.00

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

DOCUMENT # F02000003053

1. Entity Name
GLOBAL MORTGAGE, INC.



90134963

Principal Place of Business
 4912 CREEKSIDE DRIVE
 CLEARWATER, FL 33760

Mailing Address
 4912 CREEKSIDE DRIVE
 CLEARWATER, FL 33760

2. Principal Place of Business
14440 MYER LAKE CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address
14440 MYER LAKE CIRCLE
 Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER FL
 Zip
33760 Country
USA

City & State
CLEARWATER FL
 Zip
33760 Country
USA

4. FEI Number
48-1262080 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing)
 DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$560.00
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

TITLE	PD	☐ Delete
NAME	LOSCH, DEBRA A	
STREET ADDRESS	4912 CREEKSIDE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	STD	☐ Delete
NAME	LOSCH, SCOTT A	
STREET ADDRESS	4912 CREEKSIDE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	CEO	☐ Delete
NAME	LOSCH, SCOTT A	
STREET ADDRESS	4912 CREEKSIDE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DO	☒ Change ☐ Addition
NAME	LOSCH DEBRA A	
STREET ADDRESS	14440 MYER LAKE CIRCLE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	STD	☒ Change ☐ Addition
NAME	LOSCH SCOTT A	
STREET ADDRESS	14440 MYER LAKE CIRCLE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	CEO	☒ Change ☐ Addition
NAME	LOSCH, SCOTT A	
STREET ADDRESS	14440 MYER LAKE CIRCLE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE: **5/15/03** 727-324-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)