

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90924 038 ***150.00

DOCUMENT # F96000005806

1. Entity Name

CIMARRON MORTGAGE COMPANY



Principal Place of Business

**6311 RIDGEWOOD ROAD
SUITE 400 W
JACKSON MS 39211
US**

Mailing Address

**P.O. BOX 12830
JACKSON MS 39236-2830
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0809254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SALVO, PAUL J	
STREET ADDRESS	6225 WATERFORD DR	
CITY-ST-ZIP	JACKSON MS 39211	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SCOTT, LINDA	
STREET ADDRESS	107 CONCORD DR	
CITY-ST-ZIP	CLINTON MS 39056	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MCREE, MICHAEL T	
STREET ADDRESS	1611 DIVINE ST	
CITY-ST-ZIP	JACKSON MS 39202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, H C JR	
STREET ADDRESS	20 WATERSTONE PLACE	
CITY-ST-ZIP	JACKSON MS 39211	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNETT, GERALD	
STREET ADDRESS	263 FOREST LAKE DR	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	S	<input type="checkbox"/> Delete
NAME	YORK, MARY	
STREET ADDRESS	120 WINDSOR HILLS DRIVE	
CITY-ST-ZIP	MADISON MS 39110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary M. York* **REPORT** *Mary M. York*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 601-899-1500

Date

Daytime Phone #

CR2E034 (10/02)

0646848 AT