


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90824 005 ***150.00

DOCUMENT # L62888

1. Entity Name
FIRST PREFERRED MORTGAGE OF FLORIDA, INC.



Principal Place of Business
**% JAMES LIETAERT
2701 E. OAKLAND PARK BLVD., STE. D
FT. LAUDERDALE FL 33306**

Mailing Address
**% JAMES LIETAERT
2701 E. OAKLAND PARK BLVD., STE. D
FT. LAUDERDALE FL 33306**



2. Principal Place of Business
**c/o Gary Schall
Suite, Apt. #, etc. STE. D
2701 E. OAKLAND PARK BLVD**

3. Mailing Address
**c/o GARY SCHALL
Suite, Apt. #, etc. 3520 OAKS WAY #109**

City & State
FT. LAUDERDALE, FL

City & State
POMPANO BEACH, FL

Zip
33306

Country
FLORIDA

Zip
33069

Country
FLORIDA

4. FEI Number **65-0184307**

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

**HOUVOURAS, ELIZABETH-
2701 E. OAKLAND PARK BLVD.
SUITE #D
FT. LAUDERDALE FL 33306**

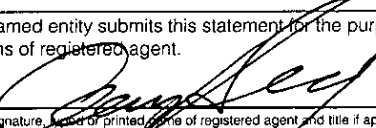
7. Name and Address of New Registered Agent

Name **GARY SCHALL**

Street Address (P.O. Box Number is Not Acceptable)
3520 OAKS WAY, #109

City **POMPANO BEACH** FL Zip Code **33069**

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  DATE **3/27/03**

Signature, name 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HOUVOURAS, ELIZABETH 3080 NE 47 CT 502 FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY SCHALL, PRESIDENT 3520 OAKS WAY, #109 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **954-401-6180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)