2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000027434

1. Entity Name

RIOMAR MORTGAGE, INC.



FILED Apr 28, 2003 8:00 am \$ Secretary of State

04-28-2003 91378 033 ***150.00

						600 V	VE TEL						
Principal Place of Business 1121 E. VINE ST. KISSIMMEE FL 34744			1121	Mailing Address 1121 E. VINE ST. KISSIMMEE FL 34744) (#10)(#2) (H. #6)() (10)() (#6)() #6				
2. Principal F	Place of Busine	3. Mai	3. Mailing Address										
Suite, Apt.	. #, etc.	Suite	Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKING	CHANGES	i		
City & Stat	te	City	City & State				4. FEI Number 59-3632049				pplied For ot Applicable	F	
Zip Country			Zip	Zip Coun			5. Cer		Certificate of Status Desired		8.75 Ad	ditional	
6. Name and Address of Current F				Penistered Agent T				<u> </u>					Ⅎ
	O. Hame E	ind Address of Carre	iii negistere	a Agent		Name		.,	Tallic and Address of New H	egistereu A	join .		Ⅎొ
LOPEZ, MARIA T						1444110			ı				
			Street Address				(P.O. Box Number is Not Acceptable)						
1121 E. V	/INE ST.						<u> </u>		·	,			
KISSIMME	EE FL 34744												
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						City				FL	Zip Cot	ie	
	named entity tions of register		for the purp	ose of changing its	registere	ed office o	r registere	ed ag	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE .	S												
<u> </u>	Signature, typed or	printed name of registered age	ent and title if appl	rcable. (NOTE	.: Hegistered	d Agent signat	ture required	when re	einstating)	DATE			
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Afte	r May 1, 2003	Fee will be \$550.0	0						 9. Election Campaign Fin Trust Fund Contribution 			O May Be	1
Make Check	k Payable to I	Florida Department	of State						Trust Fund Contribution	і. ⊔	Adde	a to rees	-
10.		ID DIRECTO	DIRECTORS 11.				AD	I DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11	┪	
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12. Thereby certify that the information supplied with this filling does not qualify for the									7			_	4
iz. Thereby o	eruiv inat the i	ntarmetion supplied w	in this filing i	noes not quality for	the ever	nntion etai	ted in Sec	ction 1	119 U7(3Vi) Florida Statutas I	turther certif	v that the i	ntormation	1

Indicated on this report or supplied with this filling 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 frustee 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: