

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90092 006 ***550.00

DOCUMENT # P00000065377

1. Entity Name

SECURITY FIRST MORTGAGE, INC.

Principal Place of Business
3600 SOUTH STATE ROAD 7 #45
MIRAMAR FL 33023

Mailing Address
3600 SOUTH STATE ROAD 7 #45
MIRAMAR FL 33023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 South State Rd 7
 Suite, Apt. #, etc.
Suite 327
 City & State
MIRAMAR, FLORIDA
 Zip
33023 Country
USA

3. Mailing Address
3600 South State Rd 7
 Suite, Apt. #, etc.
Suite 327
 City & State
MIRAMAR, FLORIDA
 Zip
33023 Country
USA

4. FEI Number **65-1022196** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **RICHARD CONRAD CLARKE**
 Street Address (P.O. Box Number is Not Acceptable)
8481 NW 17th Ct
 City **PEMBROKE PINES** FL Zip Code **33024**

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

RICHARD CONRAD CLARKE

(NOTE: Registered Agent signature required when reinstating)

9/12/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CLARKE, RICHARD C 3600 SOUTH STATE ROAD 7 #45 MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CLARKE, BEVERLEY T 3600 SOUTH STATE ROAD 7 #45 MIRAMAR FL 33023	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CLARKE, RICHARD C. 3600 South State Rd 7 #327 MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CLARKE, BEVERLEY T 3600 SOUTH STATE RD 7 #327 MIRAMAR, FL 33023	<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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 (954) 374-5830

CR2E034 (4/02)