

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90125 048 \*\*\*150.00

**DOCUMENT # P01000009074**  
 1. Entity Name  
**FLORIDA FINANCIAL MANAGEMENT MORTGAGE CORPORATIO  
 N**

Principal Place of Business Mailing Address  
**7819 NORTH DALE MABRY HWY., STE. 206 7819 NORTH DALE MABRY HWY., STE. 206**  
**TAMPA FL 33614 TAMPA FL 33614**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**4002 West Waters Avenue 4002 West Waters Avenue**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 2 Suite 2**  
 City & State City & State  
**TAMPA Florida TAMPA Florida**  
 Zip Country Zip Country  
**33614 33614**

4. FEI Number **59-3 689 863** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SOLEY, JAMES P**  
**7819 NORTH DALE MABRY HWY., STE. 206**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent  
 Name **Soley, James P.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4002 West Waters Avenue**  
**Suite # 2**  
 City **TAMPA** **FL** Zip Code **33614**

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILKINS, THOMAS</b>
STREET ADDRESS	<b>5856 RED CEDAR LANE</b>
CITY-ST-ZIP	<b>TAMPA FL 33625</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOLEY, JAMES P</b>
STREET ADDRESS	<b>6445 RENWICK CIRCLE</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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	

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: James P. Soley **James P. Soley** 4/28/02 (813) 930 8919  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)