

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

**7819 NORTH DALE MABRY HWY., STE. 206
TAMPA FL 33614**

Mailing Address

**7819 NORTH DALE MABRY HWY., STE. 206
TAMPA FL 33614**

2. Principal Place of Business

4002 WEST WATERS AVENUE

3. Mailing Address

4002 WEST WATERS AVENUE

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

Country

33614

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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 **D** ☐ Delete
NAME **WILKINS, THOMAS**
STREET ADDRESS **5856 RED CEDAR LANE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Delete
NAME **SOLEY, JAMES P**
STREET ADDRESS **6445 RENWICK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)