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

05-01-2003 90291 042 ***150.00

20038593

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009074

1. Entity Name

Florida Financial Management Mortgage CO.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4014 Gunn Highway	4014 Gunn Highway
Suite Apt. #, etc. 95	Suite, Apt. #, etc. 95
City & State Tampa FL	City & State Tampa FL
Zip 33624 County Hillsborough	Zip 33624 County Hillsborough

4. FEI Number 59-3689863 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Soley, James P.

Street Address (P.O. Box Number is Not Acceptable): 4014 Gunn Highway Suite 95

City: Tampa FL Zip Code: 33624

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: James P Soley 4/23/03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	Soley, James P.
STREET ADDRESS	6445 Renwick Circle
CITY-ST-ZIP	Tampa FL 33647
TITLE	D
NAME	Wilkins, Thomas
STREET ADDRESS	5856 Red Cedar Lane
CITY-ST-ZIP	Tampa, FL 33625

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James P Soley 4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)