

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91794 032 ***150.00

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DOCUMENT # P01000026128

1. Entity Name

FRUITFUL MORTGAGE BROKERAGE SERVICES, INC.



Principal Place of Business

6880-46TH AVENUE NORTH
SUITE 240
ST. PETERSBURG FL 33709

Mailing Address

6880-46TH AVENUE NORTH
SUITE 240
ST. PETERSBURG FL 33709

2. Principal Place of Business

8098 9th Street North
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10007
Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33773

Country

USA

Zip

33773

Country

USA

4. FEI Number

31-1761546
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, JOHN W
6880-46TH AVENUE NORTH
SUITE 240
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name: Reed John W
Street Address (P.O. Box Number is Not Acceptable)
8098 9th Street North
St. Petersburg, FL 33773

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: REED, JOHN W
STREET ADDRESS: 6880-46TH AVENUE NORTH, SUITE 240
CITY-ST-ZIP: ST. PETERSBURG FL 33709

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: Reed John W
STREET ADDRESS: 8098 9th Street North
CITY-ST-ZIP: St. Petersburg, FL 33773

☒ Change ☐ Addition

TITLE:
NAME:
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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 Block 11 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

4/30/03 727-541-7472

Date

Daytime Phone #

CR2E034 (10/02)