FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93610 001 *****5.00
05-29-2002 93610 002 ***150.00

200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H F Mortgage Corp.

1. Entity Name

P01000041629

Principal Place of Business	Mailing Address
1201 W. Hillsborough Ave. Tampa FL 33603	1201 W. Hillsborough Ave. Tampa FL. 33603

2. Principal Place of Business	3. Mailing Address
Suite/Apt. #, etc.	Suite/Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3714653	Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, ENRIQUE JR. 1201 W. HILLSBOROUGH AVE TAMPA FL 33603	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ 05/25/02
(If changing registered agent, registered agent must sign) (NOTE: Registered Agent signature required when reinstating) DATE

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (see reverse side) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (NOTE)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERNANDEZ, ENRIQUE A. JR. 1201 W. Hillsborough Ave Tampa FL 33603 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FERNANDEZ, ENRIQUE 1201 W. Hillsborough Ave. Tampa FL 33603 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Vice President Gelda Pearson 1201 W. Hillsborough Ave Tampa FL 33603 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Office Manager DAREN Person 1201 W. Hillsborough Ave Tampa FL 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 05/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #