

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90131 011 ***150.00

DOCUMENT # P01000054997

1. Entity Name
GOOD FAITH MORTGAGE, INC.



Principal Place of Business

~~2140 GULF BLVD~~
~~INDIAN ROCKS BEACH FL 33705~~

Mailing Address

~~8113 GULF BLVD~~
~~INDIAN ROCKS BEACH FL 33705~~

2. Principal Place of Business

2620 SR 590 Unit C

Suite, Apt. #, etc.
C

3. Mailing Address

2620 SR 590 Unit C

Suite, Apt. #, etc.
C

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

Pinellas

Zip

33765

Country

Pinellas

4. FEI Number

59-3725613

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SWOPE, SCOTT P ESQ

2555 ENTERPRISE ROAD SUITE 15

CLEARWATER FL 33763

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. 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.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BYARS, JAMES L JR
STREET ADDRESS ~~2140 GULF BLVD~~ 2620 SR 590 Unit C
CITY-ST-ZIP ~~INDIAN ROCKS BEACH FL 33705~~ Clearwater, FL 33765

TITLE SD
NAME BYARS, JAMES L JR
STREET ADDRESS ~~2140 GULF BLVD~~
CITY-ST-ZIP ~~INDIAN ROCKS BEACH FL 33705~~
Delete

TITLE Secretary/Treasurer
NAME BYARS, James L. III
STREET ADDRESS 3251 Landmark DR, Ste 140
CITY-ST-ZIP No. Charleston, SC 29418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BYARS, James L. JR
STREET ADDRESS 2620 SR 590 Unit C
CITY-ST-ZIP 33765 Clearwater, FL 33765

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

JAMES L BYARS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 11/02