

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 011 ***158.75

DOCUMENT # P01000076866
1. Entity Name
S:J MORTGAGE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

80064389

2. Principal Place of Business
6316 LAKE PLANTATION DR.
Suite, Apt. #, etc.

3. Mailing Address
6316 LAKE PLANTATION DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FLORIDA

Zip
32244 Country
USA

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32244 Country
USA

4. FEI Number
59-3737066 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
JOHN FRANKLIN CASSADY

Street Address (P.O. Box Number is Not Acceptable)
6316 LAKE PLANTATION DR.

City
JACKSONVILLE FL Zip Code
32244

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on 1.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P/T JOHN FRANKLIN CASSADY 6316 LAKE PLANTATION DR. JACKSONVILLE, FL 32244</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/S SUSAN MOORE CASSADY 6316 LAKE PLANTATION DR. JACKSONVILLE, FL 32244</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Cassidy / JOHN F. CASSADY 4-2-02 (904) 317-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)