

**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

Zip

32244

Country

USA

City & State

JACKSONVILLE, FLORIDA

Zip

32244

Country

USA

4. FEI Number

59-3737066

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on 1-4) ☐

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

P/T
JOHN FRANKLIN CASSADY
6316 LAKE PLANTATION DR.
JACKSONVILLE, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/S
SUSAN MOORE CASSADY
6316 LAKE PLANTATION DR.
JACKSONVILLE, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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. Cassady / JOHN F. CASSADY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

(904) 317-0760

Daytime Phone #

CR2E034B (12/01)