

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91463 014 \*\*\*150.00

<b>DOCUMENT # P01000086429</b> 1. Entity Name <b>GULF STATE MORTGAGE FIRM, INC</b>				 ✓	
Principal Place of Business 9965 MIRAMAR PKY #297 HOLLYWOOD, FL 33025			Mailing Address 9965 MIRAMAR PKY #297 HOLLYWOOD, FL 33025		
2. Principal Place of Business <b>11020 PEMBROKE ROAD</b> Suite, Apt. #, etc. <b># 138</b> City & State <b>MIRAMAR FLORIDA</b> Zip <b>33025</b>		3. Mailing Address <b>11020 PEMBROKE RD</b> Suite, Apt. #, etc. <b># 138</b> City & State <b>MIRAMAR FLORIDA</b> Zip <b>33025</b>		4. FEI Number <b>65-1132882</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHOBERG, POLLYANNA</b> <b>9965 MIRAMAR PKWY #297</b> <b>MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent Name <b>SCHOBERG, POLLYANNA</b> Street Address (P.O. Box Number is Not Acceptable) <b>11020 PEMBROKE RD #138</b> City <b>MIRAMAR</b> FL Zip Code <b>33025</b>	
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  DATE <b>4/20/03</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOBERG, POLLYANNA 9965 MIRAMAR PKWY #297 MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHOBERG POLLYANNA 11020 PEMBROKE RD #138 MIRAMAR FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)