

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90323 040 \*\*\*150.00

**DOCUMENT #**  
1. Entity Name **P0100,0092284**

**STATEWIDE PRIORITY MORTGAGES CORP**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1604 13th Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**1604 13th Street**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**St. Cloud FL**  
Zip Country  
**34769**

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**St. Cloud FL**  
Zip Country  
**34769**

4. FEI Number  
**65-1138912**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name  
**George Samaniego**  
Street Address (P.O. Box Number is Not Acceptable)  
**1604 13th Street**

City  
**St. Cloud FL** Zip Code  
**34769**

**DO NOT WRITE  
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 *George Samaniego, Pres*  
Signature of person or persons authorized to sign (see instructions on back) (If not, Registered Agent's signature is required when re-registering)

**4/10/02**  
Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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	<b>PD</b> <b>Samaniego, George</b> <b>1604 13th street</b> <b>St. Cloud, FL 34769</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>STD</b> <b>Samaniego, Steve</b> <b>1604 13th Street</b> <b>St. Cloud, FL 34769</b>
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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)(c), 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 I am empowered.

SIGNATURE: *George Samaniego, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**  
Date

Daytime Phone #

CR2E034B (12/01)