

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 003 ***150.00

0413053 AV

DOCUMENT # P01000104357

1. Entity Name
D & J MORTGAGES, INC.



Principal Place of Business
**365 NW 40 TERRACE
DEERFIELD BEACH FL 33442**

Mailing Address
**365 NW 40 TERRACE
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

630 BRIARWOOD LANE

3. Mailing Address

630 BRIARWOOD LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BCH FL

City & State

DEERFIELD BCH FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number **65-1150130**

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

**MCGONIGLE, JACQUELINE
6221 BANYAN TERRACE
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SINNOTT, JAMES**
STREET ADDRESS **365 NW 40 TERRACE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

☒ Change ☐ Addition
NAME **630 BRIARWOOD LANE**
STREET ADDRESS **DEERFIELD BCH FL 33442**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SINNOTT, DOROTHY**
STREET ADDRESS **365 NW 40 TERRACE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

☒ Change ☐ Addition
NAME **630 BRIARWOOD LANE**
STREET ADDRESS **DEERFIELD BCH. FL 33442**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

DOROTHY SINNOTT
SINNOTT, DOROTHY

04-15-03

954-481-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)