

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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 LANE**

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

6. Name and Address of Current Registered Agent

MCGONIGLE, JACQUELINE  
6221 BANYAN TERRACE  
PLANTATION FL 33317

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**630 BRIARWOOD LANE  
DEERFIELD BCH FL 33442**

Change

Addition

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**630 BRIARWOOD LANE  
DEERFIELD BCH FL 33442**

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change

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CITY-ST-ZIP

Change

Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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* **04-15-03** **954-481-2838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #