

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

May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90734 007 \*\*\*150.00

DOCUMENT # P01000107533

1. Entity Name  
S.F.B. MORTGAGE, INC.



Principal Place of Business  
3538 DEL LAGO CIRCLE #147  
TAMPA, FL 33614

Mailing Address  
3538 DEL LAGO CIRCLE #147  
TAMPA, FL 33614

2. Principal Place of Business

4747 W. WATERS AVE  
Suite, Apt. #, etc. 2407

3. Mailing Address

4747 W. WATERS AVE  
Suite, Apt. #, etc. 2407



☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa, Florida

City & State

Tampa, Fla.

4. FEI Number

59-3756498

Applied For

Not Applicable

Zip

33614

Country

Hillsboro

Zip

33614

Country

Hillsboro

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERRY, STEVEN F  
3538 DEL LAGO CIRCLE #147  
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name BERRY STEVEN F  
Street Address (P.O. Box Number is Not Acceptable)  
4747 W. WATERS AVE  
#2407  
City TAMPA FL Zip Code 33614

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]*

(NOTE: Registered Agent's signature required when resigning)

DATE

4/30/03

FILE NOW!!! FEE IS \$160.00  
As of May 1, 2003 Fee will be \$650.00  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, STEVEN F	
STREET ADDRESS	3538 DEL LAGO CIRCLE #147	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CIRO A	
STREET ADDRESS	4520 HAMPSHIRE RD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 813-983-9766

CR2E034 (10/02)