

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000107625

FILED
Apr 28, 2003
Secretary of State

Entity Name: TOTAL CARE MORTGAGE, INC.

Current Principal Place of Business:

6501 ARLINGTON EXPRESSWAY
SUITE-B156
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6501 ARLINGTON EXPRESSWAY
SUITE-156
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3750510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, RONALD J
6640 LENCZYK DRIVE
JACKSONVILLE, FL 32277

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OPD () Delete
Name: WRIGHT, RONALD J
Address: 6640 LENCZYK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: STD () Delete
Name: WRIGHT, SHARON
Address: 6640 LENCZYK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD WRIGHT

OPD

04/28/2003

Electronic Signature of Signing Officer or Director

Date