

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90052 025 ***150.00

DOCUMENT # P01000119627

1. Entity Name
CMS MORTGAGE, INC.



Principal Place of Business
**1201 OAKFIELD DRIVE
SUITE 102
BRANDON, FL 33511**

Mailing Address
**1201 OAKFIELD DRIVE
SUITE 102
BRANDON, FL 33511**

2. Principal Place of Business
2402 Cedarcrest Place
Suite, Apt. #, etc.

3. Mailing Address
2402 Cedarcrest Place
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Valrico, FL
Zip
33594

City & State
Valrico, FL
Zip
33594

4. FEI Number
60-0001977

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

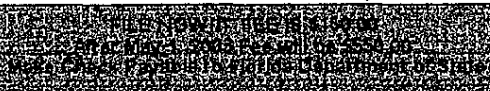
**REYES, ERIC
1201 OAKFIELD DRIVE
SUITE #102
BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name
Eric Reyes
Street Address (P.O. Box Number is Not Acceptable)
2402 Cedarcrest Place
City
Valrico FL Zip Code
33594

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 *Eric Reyes* **ERIC REYES** **4-30-03**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when a corporation.) DATE



9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	☐ Delete
NAME	CACCIATORE, DESIREE A	
STREET ADDRESS	1201 OAKFIELD DRIVE, SUITE 102	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	P	☐ Delete
NAME	REYES, ERIC	
STREET ADDRESS	1201 OAKFIELD DRIVE, SUITE 102	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	V	☐ Delete
NAME	CACCIATORE, DESIREE A	
STREET ADDRESS	1201 OAKFIELD DRIVE, SUITE 102	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	T	☐ Delete
NAME	CACCIATORE, DESIREE A	
STREET ADDRESS	1201 OAKFIELD DRIVE, SUITE 102	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	3	☒ Change ☐ Addition
NAME	Desiree A. Reyes	
STREET ADDRESS	2402 Cedarcrest Place	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	P	☒ Change ☐ Addition
NAME	Eric Reyes	
STREET ADDRESS	2402 Cedarcrest Place	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	Vice President	☒ Change ☐ Addition
NAME	Desiree A. Reyes	
STREET ADDRESS	2402 Cedarcrest Place	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	T	☒ Change ☐ Addition
NAME	Desiree A. Reyes	
STREET ADDRESS	2402 Cedarcrest Place	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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 507, 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: *Eric Reyes* **ERIC REYES** **4-30-03** **813-946-4870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP20034 (10/02)