FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 2:45

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119967

1. Entity Name
HARBORSIDE MORTGAGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3245 HARVEST MOON DRIVE PALM HARBOR, FL 34683	3245 HARVEST MOON DRIVE PALM HARBOR, FL 34683
2. Principal Place of Business: 26344 US 19 N	3. Mailing Address: 26344 US 19 N
Suite, Apt. #, etc. / City & State: Clearwater Fl	Suite, Apt. #, etc. / City & State: Clearwater Fl
Zip: 33761 Country: Pinellas	Zip: 33761 Country: Pinellas

CHECK HERE IF MAKING CHANGES

4. FEI Number 26-0020363 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LOVE, RANDALL J
8138 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653

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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOVE, TIMOTHY WAYNE	NAME	000018451680
STREET ADDRESS	3245 HARVEST MOON DRIVE	STREET ADDRESS	05/07/03--01054--009 **550.00
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	VD ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LOVE, ARLEEN DENISE	NAME	
STREET ADDRESS	3245 HARVEST MOON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E031 (10/02)

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: Timothy W. Love — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/1/03 (Date) — 727-726-6060 (Daytime Phone #)