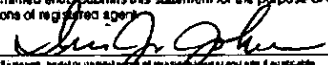
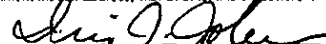


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-07-2003 90118 037 ***158.75

3/7

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006119			
1. Entity Name CITY WIDE MORTGAGE RESOURCES, INC.			
Principal Place of Business 6006 FORTUNE PLACE APOLLO BEACH, FL 33572		Mailing Address 6006 FORTUNE PLACE APOLLO BEACH, FL 33572	
2. Principal Place of Business 3110 Cherry Palm Dr Suite, Apt. #, etc. Suite 370 City & State Tampa, FL 33619 Zip 33619		3. Mailing Address 3110 Cherry Palm Dr Suite, Apt. #, etc. Suite 370 City & State Tampa, FL 33619 Zip 33619	
Country U.S.		Country U.S.	
4. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		FEI Number 30-0029233	
5. Name and Address of Current Registered Agent JOHNSON, IRIS J 11304 LEPRECHON DR. RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Johnson, Iris J Street Address (P.O. Box Number is Not Acceptable) 2549 Mason Oaks Drive 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 		DATE 03/05/03	
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 President NAME Benjamin C. Johnson Jr. STREET ADDRESS 8104 Moccasin Trail Dr CITY-STATE-ZIP Riverview FL, 33569		TITLE Vice President NAME Melissa D. Johnson STREET ADDRESS 4107 Fallon C.T. CITY-STATE-ZIP Brandon FL, 33511	
TITLE Secretary Of Treasurer NAME Ashley N. Janes STREET ADDRESS 8104 Moccasin Trl Dr. CITY-STATE-ZIP Riverview FL, 33569		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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: 		DATE 03/05/03 813-740-8688	

55018833



CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)