

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006119

1. Entity Name
CITY WIDE MORTGAGE RESOURCES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 12 AM 10:25

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 #370

3. Mailing Address
3110 Cherry Palm Dr #370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa Florida

City & State
Tampa Florida

Zip
33619

Country
U.S.

Zip
33619

Country
U.S.

4. FEI Number
30-0029233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, IRIS J
11304 LEPRECHAUN 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
Valrico
City 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

Signature, typed or printed name of registered agent and title if applicable.

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benjamin C. Johnson 8104 Moccasin Trl Dr Riverview Fl, 33569 President	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melissa D. Johnson 4107 Fallon Court Brandon FL 33511 Vice President	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary of Treasurer Ashley N. Janes 8104 Moccasin TrlkDr. Riverview Fl, 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	503070903048 03/12/03-01012-018 ***43.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin C. Johnson

Date

Daytime Phone #

3-10-03 813-477-1256

CR2E034 (10/02)