FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90091 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90077064

DOCUMENT # P02000010017

1. Entity Name
FLORIDA BEST MORTGAGE OF ORLANDO, INC.

Principal Place of Business	Mailing Address
5944 LA COSTA DRIVE ORLANDO, FL 32807	~~5944 LA COSTA DRIVE~~ ~~ORLANDO, FL 32807~~

2. Principal Place of Business	3. Mailing Address
	4895 Windward Passage Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. #4
City & State	City & State Boynton Beach FL
Zip / Country	Zip 33436 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0544336 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BARTOLOME, ELMO
~~5944 LA COSTA DRIVE~~
~~ORLANDO, FL 32807~~
4895 Windward Passage Dr #4
Boynton Beach, FL 33436

7. Name and Address of New Registered Agent

Name: Bartolome, Elmo
Street Address (P.O. Box Number is Not Acceptable): 4895 Windward Passage Dr #4
City: Boynton Beach FL Zip Code 33436

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] DATE: 4/3/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTOLOME, ELMO 4895 WINDWARD PASSAGE DRIVE SUITE 4 BOYNTON BEACH, FL 33436 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABRAL, JOY B 5944 LA COSTA DRIVE ORLANDO, FL 32807 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (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: [signature] 4/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #