

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90058 030 \*\*\*150.00

DOCUMENT # P02000011232

1. Entity Name  
MORTGAGE MAGIC, INC.



Principal Place of Business  
4097 GALLAGHER LOOP  
CASSELBERRY FL 32707

Mailing Address  
4097 GALLAGHER LOOP  
CASSELBERRY FL 32707



2. Principal Place of Business  
201 Park Place  
Suite 328

3. Mailing Address  
201 Park Place  
Suite 328

☒ CHECK HERE IF MAKING CHANGES

City & State  
Altamonte Springs FL  
Zip 32701 Country Seminole

City & State  
Altamonte Springs FL  
Zip 32701 Country Seminole

4. FEI Number 30-0037038

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, WILFORD J  
4097 GALLAGHER LOOP  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name Brown, Wilford J.  
Street Address (P.O. Box Number is Not Acceptable)  
201 Park Place  
Suite 328  
City Altamonte Springs FL Zip Code 32701

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 *Wilford J. Brown*  
Signature of Wilford J. Brown, President

01-08-2003  
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	D	<input type="checkbox"/> Delete
NAME	BROWN, WILFORD J	
STREET ADDRESS	4097 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Wilford J. Brown*  
Signature of Wilford J. Brown, President

01-08-03 (407)260-9422  
Date Daytime Phone #

CR2E034 (10/02)