

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90111 047 \*\*\*150.00

**DOCUMENT # P02000014075**



1. Entity Name  
**S.J. MORTGAGE CO.**

Principal Place of Business  
**10150 NW 58 CT  
PARKLAND FL 33076**

Mailing Address  
**10150 NW 58 CT  
PARKLAND FL 33076**



2. Principal Place of Business  
**10150 NW 58 CT**

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Parkland**

City & State

4. FEI Number  
**14-1843093**

Applied For  
 Not Applicable

Zip  
**33076**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, SAMANTHA  
10150 NW 58 CT  
PARKLAND FL 33076**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, SAMANTHA</b>	
STREET ADDRESS	<b>10150 NW 58 CT</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33076</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>BELLAVIA, MARY JO</b>	
STREET ADDRESS	<b>10150 NW 58 CT</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33076</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** ~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03** **(954) 345-8780**  
Date Daytime Phone #

CR2E034 (10/02)