## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P020000 28966 1. Entity Name Cambrian Mortgage Corp.



## FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 91010 004 \*\*\*150.00

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DO NOT	WRITE	IN TH	IS SPACE

1	DO NOT WRIT	E IN THIS SP	ACE						
2. Principal Place of Business		3. Mailing Address 1198 Crispwood Ct.							
1198 Cr15pw∞d Ct. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	ška FI.	City & State ApopKa	FI	4. FE	Number 01 0608445		Applied For Not Applicable		
3270		32703 Country D			5. Certificate of Status Desired				
Hillian April 1977 July 1980 1980 1980 1980 1980 1980 1980 1980	7. Name and Address of Current Registered Agent								
	DO NOT V	VRITE	Robert dress (P.O. Bo	Dert B Baird (P.O. Box Number is Not Acceptable)					
	IN THIS S								
e la Santa de Caracteria de Ca		e de la companya de l		popKa	rispwood C		Zip Code		
	named entity submits this statement ions of registered agent,	for the purpose of changing its r	egistered office or r	egistered age	nt, or both, in the State of Flor	ida. I am famili	ar with, and accept		
SIGNATURE .	· KoUTS	Saird				4/24/	03		
	Signature, typed or printed fame of registered agon transport 1 - May 1 Fee is \$150.00	ent and title if applicable. (NOTE:	Registered Agent signatur	e required when rein		DATE			
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			Election Campaign Fina     Trust Fund Contribution.	~ —	\$5.00 May Be Added to Fees		
10.	OFFICERS AN	ND DIRECTORS	1. A. S.			PART EN	British British British		
TITLE NAME	President Robert B Baird		TITLE NAME						
Street address City <sup>2</sup> St-Zip	1198 Crispwood Ct.	Арорка Fl. 32703	STREET ADDRESS CITY ST. ZIP		n eer valle op 'n de 'n de roomste die de 'n de 'n de de 'n de 'n de de 'n de de 'n de de 'n de 'n de 'n de 'n De de		A section of the sect		
TITLE NAME	Secretary Lisa J Baird	<del></del>	TITLE NAME			The schiller man of the A service of the schiller A service of the schiller			
STREET ADDRESS CITY-ST-ZIP	1198 Crispwood Ct.	Apopka F1 32703	STREET ADDRESS CITY-ST-ZIP	Parties and Property of A Thirty States and Alles and Productors advantaged to the Alles and	erre a Correspondir a servici de la filma de la fi La filma de la filma de la La filma de la	a temp tighth time the deal	aligni distribution di selectione di selecti		
TITLE NAME	Treasurer Frank P. Apuzzo S	Sr.	THILE NAME						
STREET ADDRESS	565 Albany Pl.		STREET ADDRESS		DO NOT	WRIT			
TITLE	<u> </u>		TITLE NAME	and the second of the	IN THIS S	SPACE			
STREET ADDRESS			STREET ADORESS	AND TO MAKE THE STATE OF THE ST					
CITY-ST-ZIP			3/4 - 3/20 - 11/6 - 1 - 144		· · · · · · · · · · · · · · · · · · ·		n Carennest Early St.		
NAME STREET ADDRESS			NAMÉ Street address			- Jaron Paragan Judan Jarah			
CITY-ST-ZIP			CITY-ST-ZIP	Parketan Sylvenian Line	The second secon	er Tillian generalis.	The world of the second		
TITLE NAME			TITLE NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		and the second s				

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPES OR EMINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 407 884 557