

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

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

05-01-2003 91010 004 ***150.00

DOCUMENT # **P02000028966**

1. Entity Name **Cambrian Mortgage Corp.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1198 Crispwood Ct.

3. Mailing Address
1198 Crispwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Apopka FL

City & State
Apopka FL

4. FEI Number
010608445

Applied For
Not Applicable

Zip
32703

Country
USA

Zip
32703

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert B Baird**

Street Address (P.O. Box Number is Not Acceptable)

1198 Crispwood Ct.

City **Apopka**

FL

Zip Code
32703

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 **Robert B Baird**

4/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**President
Robert B Baird
1198 Crispwood Ct. Apopka FL 32703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Lisa J Baird
1198 Crispwood Ct. Apopka FL 32703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Frank P. Apuzzo Sr.
565 Albany Pl.
Longwood, FL 32779**

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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 **Robert B Baird**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

407 884 5575

Daytime Phone #

CR2E034B (12/02)