

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90088 012 \*\*\*150.00

**DOCUMENT # P02000057366**

1. Entity Name

**LIBERTY MORTGAGE USA CORP**



Principal Place of Business

**4705 DUNQUIN PLACE  
TAMPA FL 33610**

Mailing Address

**4705 DUNQUIN PLACE  
TAMPA FL 33610**



2. Principal Place of Business

**2130 WEST BRANDON BLVD**

3. Mailing Address

**2130 WEST BRANDON BLVD**

Suite, Apt. #, etc.

**203**

Suite, Apt. #, etc.

**203**

City & State

**BRANDON FL**

City & State

**BRANDON, FL**

Zip

**33511**

Country

**Hillsborough**

Zip

**33511**

Country

**Hillsborough**

4. FEI Number

**04-3671279**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SORCI, CHADWICK L  
4705 DUNQUIN PLACE  
TAMPA FL 33610**

7. Name and Address of New Registered Agent

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

**Chadwick L. Sorci - President**

**3/13/03**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SORCI, CHADWICK L</b>	
STREET ADDRESS	<b>4705 DUNQUIN PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SORCI, MAUREEN T</b>	
STREET ADDRESS	<b>4705 DUNQUIN PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORCI, CHADWICK L</b>	
STREET ADDRESS	<b>2130 W. BRANDON BLVD. STE #203</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
TITLE	<b>SECRETARY/TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAUREEN T. SORCI</b>	
STREET ADDRESS	<b>2130 W. BRANDON BLVD. STE #203</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
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
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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:

**Chadwick L. Sorci**

**3/13/03**

**813-661-4238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)