

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90204 035 \*\*\*150.00

<b>DOCUMENT # P02000061025</b> 1. Entity Name <b>ENCORE MORTGAGE SERVICES OF FLORIDA, INC.</b>					
Principal Place of Business <b>1960 N. COMMERCE PARKWAY, SUITE 11 WESTON, FL 33326</b>			Mailing Address <b>1960 N. COMMERCE PARKWAY, SUITE 11 WESTON, FL 33326</b>		
2. Principal Place of Business <b>3400 LAKE SIDE DRIVE</b> <small>(Suite, Apt. #, etc.)</small> <b>Suite 510</b>		3. Mailing Address <b>4801 N.E. 29th AVENUE</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>MIRAMAR, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>		4. FEI Number <b>190-3171</b> <small>Applied For</small> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
Zip <b>33027</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEFELICE, FRANK</b> <b>1960 N. COMMERCE PARKWAY, SUITE 11</b> <b>WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>JILL SERVBO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3400 LAKE SIDE DRIVE, SUITE 510</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33027</b>		
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 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		President, Secretary, Treasurer <b>JILL SERVBO</b> <b>4801 N.E. 29th Avenue</b> <b>Fort Lauderdale, FL 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		Chairman <b>VINCENT N. STROLLI</b> <b>1412 CHESTNUT AVE</b> <b>GLoucester, MS 38030</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>JILL SERVBO</b>		
DATE			<b>2-11-03</b>		
DAYTIME PHONE #			<b>954 385-6804</b>		

CR2E034 (10/02)