

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

DOCUMENT # P02000108143 1. Entity Name CONFIDENTIAL PLUS MORTGAGE, INC.		
Principal Place of Business 17506 BRIGHTON AVENUE, SUITE E PORT CHARLOTTE, FL 33954		Mailing Address 17506 BRIGHTON AVENUE, SUITE E PORT CHARLOTTE, FL 33954
2. Principal Place of Business 409 E Magnolia St Suite, Apt. #, etc. Arcadio FL City & State		3. Mailing Address 409 E Magnolia St Suite, Apt. #, etc. Arcadio FL City & State
Zip 34266	Country FL	4. FEI Number 22387515 / Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOCCIA, FRANK 17506 BRIGHTON AVENUE, SUITE E CHARLOTTE, FL 33954		7. Name and Address of New Registered Agent Name BOCCIA FRANK Street Address (P.O. Box Number is Not Acceptable) 409 East Magnolia St City Arcadio FL Zip Code 34266
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: <i>Frank Boccia</i> DATE: 3/29/03 <small>Signature of individual or principal name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>		
FILE NOW!! FEES IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOCCIA, FRANK 17506 BRIGHTON AVENUE, SUITE E PORT CHARLOTTE, FL 33954	P FRANK BOCCIA 409 East Magnolia Ave Arcadio FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 11-11 changed, or on an attachment with an address, with all other like employees.		
SIGNATURE: <i>Frank Boccia</i>		Date: 3/29/03 Contact Phone #: 863 291-8550

11004060



CHECK HERE IF MAKING CHANGES

CHREC04 (10/02)