

**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	

11004060



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 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 223875151	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
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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: Frank Boccia DATE: 3/29/03

Signature of individual name of registered agent and sole proprietor. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!! FEES IS \$150.00 After May 2003 Fee will be \$500.00 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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK BOCCIA 409 East Magnolia Ave Arcadio FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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 11-11 changed, or on an attachment with an address, with all other like employees.

SIGNATURE: Frank Boccia DATE: 3/29/03 PHONE: 863 291-8520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHREC04 (10/02)