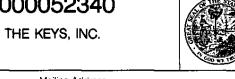
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000052340

1. Entity Name

THE MORTGAGE COMPANY OF THE KEYS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90150 030 \*\*\*150.00

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	e of Business OSEVELT BLVD 040	Mailing Address 3706-F N ROOSEVELT BLV KEY W FL 33040	<b>V</b> D		
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	е	City & State	<del></del>	4. FEI Number 65-0429096 Applied For Not Applied For	le
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	$\exists$
BLACKBU 1221 20TI	rn, Joseph A. Jr. 1 street		Name Street Addres	ress (P.O. Box Number is Not Acceptable)	_
KEY WES	T FL 33040				
			City	FL Zip Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and accept	1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable, (NOTE	: Registered Agent signature requ	equired when reinstating) DATE	
Afte Make Checl	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP	BLACKBURN, JOSEPH A JR. 1221 20TH STREET KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	` Change Additio	0,017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACKBURN, DIANE H 1221 20TH STREET KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	n
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	a
indicated	on this report or supplemental report is	true and accurate and that m	we cianatura chall have th	in Section 119.07(3)(i), Florida Statutes. I further certify that the information at the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	