

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90116 048 \*\*\*150.00

0005936 AV

**DOCUMENT # P94000026550**

**1. Entity Name**  
**FIRST FINANCIAL FUNDING MORTGAGES, INC.**



**Principal Place of Business**  
**119 E. GEORGIA STREET., #5**  
**TALLAHASSEE FL 32301**  
**US**

**Mailing Address**  
**119 E. GEORGIA STREET., #5**  
**TALLAHASSEE FL 32301**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3233957**

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**

**PHILLIPS, ANDREW**  
**119 E. GEORGIA STREET., #5**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

**Name** *Edgar E. Phillips*  
**Street Address (P.O. Box Number is Not Acceptable)** *119 E. Georgia ST #5*  
**City** *Tallahassee* **FL** **Zip Code** *32301*

**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** *Edgar E. Phillips*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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** *PVST* ☒ Delete  
**NAME** **PHILLIPS, ANDREW**  
**STREET ADDRESS** **119 E. GEORGIA STREET., #5**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32301**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** *Pres. V. Pres. Sec. Treas.* ☒ Change ☐ Addition  
**NAME** *Edgar E. Phillips*  
**STREET ADDRESS** *119 E. Georgia ST #5*  
**CITY-ST-ZIP** *Tallahassee FL 32301*

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

*Edgar E. Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/6/03*

Date

*850 562 8181*

Daytime Phone #

CR2E034 (4/03)

*Attachment*

**First Financial Funding  
Mortgages, Inc.**

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*80136617*  
*#P94000026550*

SUITE 5  
119 EAST GEORGIA STREET  
TALLAHASSEE, FL 32301  
PHONE (850) 562-8181  
FAX (850) 562-0079

Division of Corporations  
Tallahassee, Fla.

Dear Sir,

Please waive the late fee due to us not recieving the first  
notice.

Thanking you in advance,

*Edgar Phillips*  
Edgar Phillips/Pres.