


FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90292 008 ***150.00

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

DOCUMENT # P94000059207			
1. Entity Name 2ND CHANCE MTG. COMP., INC.			
Principal Place of Business 102 LEXINGTON ST OLDSMAR, FL 34677 US		Mailing Address 102 LEXINGTON ST OLDSMAR, FL 34677	
DBA Best Interest Mtg Comp.			
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 59-3264203		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			
7. Name and Address of New Registered Agent			
VALE, CAMERON W 102 LEXINGTON ST OLDSMAR, FL 34677		Name VALE CAMERON W Street Address (P.O. Box Number is Not Acceptable) 728 SHORE DR E City OLDSMAR FL 34677	
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 <u>Suzanne Vale</u> (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 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	D VALE, CAMERON W 102 LEXINGTON ST OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	728 SHORE DR E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALE, SUZANNE 102 LEXINGTON STREET OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	728 SHORE DR E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OLDSMAR FL 34677
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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: <u>Suzanne Vale</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/14/03 813 891 6688 Date Daytime Phone #	

CR2E034 (10/02)

BEST INTEREST MORTGAGE CO.
728 SHORE DRIVE EAST
OLDSMAR, FL 34677
PH.: 813-891-6688
FAX: 813-854-2513

Attachment #
80137847
P94000059201

To Whom It May Concern.

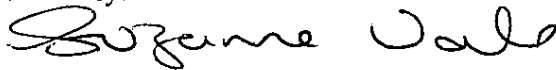
This letter is to explain why we did not file our UBL form.

We never received the appropriate form to file.

Last year in August 2002 we moved and I did all the address changes on line for our licenses ect. I was checking out on your site Sunbiz.org and couldn't find any record of that or the dba change we did about three years ago.

Here is the completed form with our check. I was told to send it in with our check to you as soon as possible.

Sincerely,



Suzanne Vale
Vice President

RECEIVED BY THE STATE OF FLORIDA
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