

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063143

1. Entity Name
BVG MORTGAGE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 12 PM 3:30

Principal Place of Business
777 S. HARBOUR ISLAND BLVD
SUITE 925
TAMPA FL 33602

Mailing Address
601 BAYSHORE BLVD.
SUITE 960
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address
777 S. Harbour Isl Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
925

City & State

City & State
Tampa, FL

Zip

Country

Zip
33602

Country
USA

4. FEI Number
59-3269891

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEINBERG, C J
777 S. HARBOUR ISLAND BLVD
SUITE 925
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Randolph J. Wolfe
Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa St. STE 2700
City Tampa FL Zip Code 33602

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

Randolph J. Wolfe
(NOTE: Registered Agent signature required when reinstating)

3/19/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME HEINBERG, C J ☐ Delete
STREET ADDRESS 777 S. HARBOUR ISLAND BLVD., STE 925
CITY-ST-ZIP TAMPA FL 33602

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

Jae Heinberg

3/18/03

813-251-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)