2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

DOCUMENT # P94000079952 1. Entity Name

Principal Place of Business

2180 PARK AVE N

PATHFINDER MORTGAGE AND INVESTMENTS, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90205 003 ***150.00

2180 PARK AVE N 308 WINTER PARK FL 32789 US		2180 PARK AVE N 308 WINTER PARK FL 32789 US					
135 /	al Place of Business NOENT SUMMERLIN AVEN pt. #, etc.	3. Mailing Address E 135 NORTH	Smnee	un Au			
		, , , , , , , , , , , , , , , , , , , ,			CHECK HERE IF M	AKING CHANG	ES
SANFORD, FORIDA		SANFORD, KONDA			4. FEI Number 59-3275225		Applied For
3217	11-1553 SEMWOLE	32771- 1553	SEMIN	OLE	5. Certificate of Status Desired	\$8.75 Fee Requ	Not Applicable Additional
6. Name and Address of Current Registered Agent					7. Name and Address of New Regist	ered Agent	
PIHAKIS, GEORGE I I			Name	PIHAI	KIS, GEORGE II		
	ING COVE TRAIL		Street Address (F		O. Box Number is Not Acceptable) NORTH SUMMERLIN AVENUE		
ALTAMO	NTE SPRINGS FL 32714			/35	NURTH SUMMERLIN	AVENUE	<u> </u>
			City	SANA	500	Zin C	ode.
8. The above	e named entity submits this statement for attions of registered agent.	the purpose of changing its re	gistered office	or registered	d agent, or both, in the State of Florida	FL 32	771-155
SIGNATURE	HALLON / LAKE MELL	D		. 3			Ih, and accept
	Signature uped or printed name of registered agent and	d title if applicable. (NOTE: R	egistered Agent sign	ature required wh	hen reinstating)	3-03	
F	FILE NOW!! FEE IS \$150.00						
Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	State			 Election Campaign Financing Trust Fund Contribution. 		.00 May Be led to Fees
10.	OFFICERS AND DI		11.			_ ^0	ĺ
TITLE	10	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS	PIHAKIS, GEORGE II 125 SPRING COVE TRAIL		NAME	PIHA	AKIS, GEORGE IE NORTH SUMMERUN I	Change	Addition
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		STREET ADDRESS CITY-ST-ZIP	135	NORTH SUMMERUN	<i>quenue</i>	ĺ
TITLE		☐ Delete		SAN	FORD, FLORIDA 327	171-155.	3
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STREET ADDRESS	•		NAME			L_1 viralitie	☐ Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby cer	rtify that the information supplied with this	#III -	J UI - ZIF				

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

SIGNATURE:

CITY

12.

407 328 0999 107 379 2999