

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90084 038 ***158.75

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1. Entity Name
THE MORTGAGE BROKER FINANCIAL CORP.



Principal Place of Business
**12730 NEW BRITTANY BLVD
SUITE 406
FORT MYERS FL 33907**

Mailing Address
**12730 NEW BRITTANY BLVD
SUITE 406
FORT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0638721**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD.
FORT MYERS FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **CD** ☐ Delete
NAME **BEAUREGARD, DEVIN L**
STREET ADDRESS **2224 N TUCKAHOE ST**
CITY-ST-ZIP **ARLINGTON VA 22205**

TITLE **CD** ☒ Change ☐ Addition
NAME **BEAUREGARD DEVIN L.**
STREET ADDRESS **AMERICAN EMBASSY (BANGKOK, THAILAND)**
CITY-ST-ZIP **BOX 28 APO, AP 96546-0001**

TITLE **PD** ☐ Delete
NAME **BEAUREGARD, RODNEY D**
STREET ADDRESS **13450 GREENGATE BLVD SW # 326**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **PD** ☒ Change ☐ Addition
NAME **BEAUREGARD, RODNEY D.**
STREET ADDRESS **13450 GREENGATE BLVD. SUNIT #326**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **ST** ☐ Delete
NAME **EPPELSON BREVIK, BRENDA**
STREET ADDRESS **13450 GREENGATE BLVD., APT-311**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **ST** ☒ Change ☐ Addition
NAME **EPPELSON BREVIK, BRENDA**
STREET ADDRESS **896 SO. TOWN & RIVER DR. FORT MYERS, FL.**
CITY-ST-ZIP **VPD**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **CRATER, JEFFREY S.**
STREET ADDRESS **1429 ARCHER ST.**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 provided in 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
RODNEY D. BEAUREGARD

PRESIDENT

02/04/03

Date

Daytime Phone #

CR2E034 (10/02)

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