

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 018 ***150.00

DOCUMENT # P97000049574

1. Entity Name

Southland Mortgage Group, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2821 NE 2nd Ave

Suite, Apt. #, etc.

3. Mailing Address

2821 NE 2nd Ave

Suite, Apt. #, etc.

80062083

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FFI Number

65 0758160

Applied - or

Not Applicable

Zip

33431

County

Palm Beach

Zip

33431

County

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jason L Esposito

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

2821 NE 2nd Ave

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Jason L Esposito

4/01/02

Signature, typed or printed name of registered agent and date if not applicable.

DATE: Registered Agent signature required when reappointment

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$850.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jason L Esposito
STREET ADDRESS	2821 NE 2nd Ave
CITY- ST- ZIP	Boca Raton, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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NAME	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jason L Esposito

4/01/02 (561) 362-5484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT'S

CR2E034-B (12/01)