FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90040 034 ***150.00

2003 FOR PROFIT CORPORATION
ANNUAL UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070932

1. Entity Name
VICKERS MORTGAGE AND FINANCIAL SERVICES, INC.

90131017

Principal Place of Business	Mailing Address
15649 EASTBOURN DR. ODESSA, FL 33556	15649 EASTBOURN DR. ODESSA, FL 33556

2. Principal Place of Business	3. Mailing Address
8911 N. MOBLEY RD	8911 N. MOBLEY RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ODESSA, FL	City & State: ODESSA, FL
Zip: 33556 Country: Hillsborough	Zip: 33556 Country: Hillsborough

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3463995 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VICKERS, RICHARD N JR.
15649 EASTBOURN DR.
ODESSA, FL 33556

7. Name and Address of New Registered Agent
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: Richard Vickers 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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 / STREET ADDRESS / CITY-ST-ZIP	D VICKERS, RICHARD N JR. 15649 EASTBOURN DR. ODESSA, FL 33556 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8911 N. MOBLEY RD, ODESSA, FL 33556 ☒ Change ☐ Addition
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CR2E034 (10/02)

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: Richard Vickers 5/1/03 (813) 908-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #