

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90078 030 \*\*\*150.00

0433595  
 AV

**DOCUMENT # P97000082913**

1. Entity Name

**INLAND EMPIRES FINANCIAL SRV. INC.**

Principal Place of Business

**INLAND EMPIRES FINANCIAL SERVICES  
 10948 56TH ST., NORTH STE 203  
 TAMPA FL 33617**

Mailing Address

**10126 WOODBERRY RD.  
 TAMPA FL 33619**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**INLAND Empires mortgage**

3. Mailing Address

**267 John Knox Rd.**

Suite, Apt. #, etc.

**267 John Knox Rd. 106**

Suite, Apt. #, etc.

**106**

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. FEI Number

**59-3468292**

Applied For

Not Applicable

Zip

**32303**

Country

**Leon**

Zip

**32303**

Country

**Leon**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, CHRISTINE M MRS  
 4212 AMERRIDGE LANE EAST  
 M4  
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name **Christine Jenkins**

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

**1220 Conservancy Dr.**

City **Tallahassee**

**FL**

Zip Code

**32312**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **P** ☐ Delete  
 NAME **JENKINS, BISHOP W**  
 STREET ADDRESS **101 AMERICAN CENTER PLACE**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **V** ☐ Delete  
 NAME **JENKINS, C M MRS**  
 STREET ADDRESS **101 AMERICAN CENTER PLACE**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02**

**850-383-4100**

Date

Daytime Phone #

CR2E034 (9/01)