

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90079 008 \*\*\*150.00

**DOCUMENT # P98000005305**

1. Entity Name  
**B & B MORTGAGE CORP.**

Principal Place of Business <b>470 N.E. 24TH CT.          BOCA RATON FL 33431          US</b>	Mailing Address <b>470 N.E. 24TH CT.          BOCA RATON FL 33431          US</b>
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2. Principal Place of Business <del>2212 N Dixie Hwy</del> Suite, Apt. #, etc.	3. Mailing Address <del>2212 N Dixie Hwy</del> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>	4. FEI Number <b>65-0808990</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33431</b>	Country <b>Palm Beach</b>	Zip <b>33431</b>	Country <b>Palm Beach</b>

6. Name and Address of Current Registered Agent <b>BRADLEY, CHERLYN          503 SE 1ST AVE          BOYNTON BCH FL 33435</b>	7. Name and Address of New Registered Agent Stamp <b>Cherlyn BRADLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2212 N. Dixie Hwy</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>
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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: *Cherlyn Bradley* DATE: **1-9-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRADLEY, CHERLYN</b> <b>470 N.E. 24TH CT</b> <b>BOCA RATON FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Bradley Cherlyn</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2212 N Dixie Hwy</b> <b>BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cherlyn Bradley* DATE: **1-9-02** DAYTIME PHONE #: **561-901-9907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (9/01)