

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90227 012 \*\*\*150.00

0194438 AV

**DOCUMENT # P98000039440**

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



Principal Place of Business  
**10100 WEST SAMPLE ROAD  
333  
CORAL SPRINGS FL 33065**

Mailing Address  
**413 NW 67TH AVE  
CORAL SPRINGS FL 33067**

**CHANGE  
TO  
↓**



2. Principal Place of Business

3. Mailing Address

**8857 MARLAMOOD LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BCH**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

**33412**

**PALM BEACH**

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

**WAGSTAFF, RENA  
4413 NW 67 AVE  
CORAL SPRINGS FL 33067**

Name **WAGSTAFF, RENA**

Street Address **8857 MARLAMOOD LANE**

City **WEST PALM BCH FL** Zip Code **33412**

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 **VP** ☐ Delete  
NAME **WAGSTAFF, BEVAN**  
STREET ADDRESS **4413 NW 67 AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VP** ☐ Change ☐ Addition  
NAME **WAGSTAFF, BEVAN**  
STREET ADDRESS **8857 MARLAMOOD LANE**  
CITY-ST-ZIP **WEST PALM BCH, FL 33412**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

**WAGSTAFF, RENA**

**4-11-03 954-757-5260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)