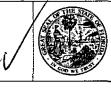
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000095326 **DOCUMENT #**

1. Entity Name

CERTIFIED MORTGAGE FINANCE CORP.



FILED May 05, 2003 8:00 am secretary of State

05-05-2003 90385 011 ***150.00

				V							
Principal Place of Business 5943 SE PINE DR. STUART FL 34997		Mailing Address 668 FERGUSSON LANE WEST PALM BEACH FL 33415							υ υ 		: .7%
2. Principal Place of Business			3. Mailing Address					! 	#\$ #3 #1		1016 OHH 1881
Suite, Apt. #, etc.			90 BOX 16546				CHECK HERE IF MAKING CHANGES				
City & State			WEST PALM BEA			FL	4. F	65-087482	1	_ 	plied For t Applicable
Zip	Country	33	416	Coun	54		5. C	Certificate of Status Desired		\$8.75 Add	
-	- 6. Name and Address of Current I	Registere	d Agent -				7. N	ame and Address of New	Registered A	gent	-
SIMMONS, THOMAS V JR 5943 SE PINE DR.					Street Add	dress (P.	O. Bo	ox Number is Not Acceptab	e)		
STUART F	L 34997				City				FL	Zip Code	•
	named entity submits this statement for ons of registered agent.	the purpo	ose of changing its	registere	ed office or r	egistere	d age	ent, or both, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if appl	icable. (NOTE	: Registere	d Agent signature	a required w	vhen reir	nstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	Ctata						Election Campaign F Trust Fund Contributi			0 May Be to Fees
10.	OFFICERS AND I		28	11.			ΔDE	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	SIN 11
TITLE NAME	PSTD VICTOR SIMMONS, THOMAS JR. 668 FERGUSSON LANE WEST PALM BEACH FL 33415	5111EO 1-01	☐ Delete	TITLE NAM: STRE			ADL	STHOMOSOF FREE TO GI	102107110	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete							☐ Change	Addition

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 is required by Chapter 807, 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