

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90259 045 \*\*\*150.00

**DOCUMENT # P98000100549**

**1. Entity Name**  
**FINANCIAL FREEDOM MORTGAGE CORPORATION**



**Principal Place of Business**  
**36263 US HWY 19 N.**  
**PALM HARBOR FL 34684**

**Mailing Address**  
**36263 US HWY 19 N.**  
**PALM HARBOR FL 34684**

11012333



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3544665**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BONDERER, JAMES GREGORY**  
**3044 SUGAR BEAR TR.**  
**PALM HARBOR FL 34684**

**7. Name and Address of New Registered Agent**

Name

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

**857 VILLAGE WAY**

City

**PALM HARBOR**

FL

Zip Code

**34683**

**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** **\$5.00 May Be Added to Fees**  
Trust Fund Contribution. ☐

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **DPT**  
STREET ADDRESS **BONDERER, JAMES GREGORY**  
CITY-ST-ZIP **3044 SUGAR BEAR TR.**  
**PALM HARBOR FL 34684**

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS **857 VILLAGE WAY**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete  
NAME **DVS**  
STREET ADDRESS **VINCENT COLLORA, CHRISTOPHER**  
CITY-ST-ZIP **3757 LEEDS CT., APT. 104**  
**PALM HARBOR FL 34685**

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS **2813 WOODHALL TERRACE**  
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: X** *James Gregory Bonderer* **REQUIRED** **JAMES GREGORY BONDERER X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)