

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0331769 AV

DOCUMENT # P99000017939

1. Entity Name
NEW RIVER MORTGAGE COMPANY, INC.



04-14-2003 90018 035 ***150.00

Principal Place of Business
**2720 E. OAKLAND PARK BLVD., #109
FORT LAUDERDALE FL 33306**

Mailing Address
**2720 E. OAKLAND PARK BLVD., #109
FORT LAUDERDALE FL 33306**



2. Principal Place of Business
150 N. Federal Hwy #200

3. Mailing Address
SAME

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
same

City & State
Ft Lauderdale FLA

City & State
FLA

Zip
33301

Country
USA

Zip
33301

Country

4. FEI Number **65-0900977**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAPAGNO, JAMES
2720 E. OAKLAND PARK BLVD., #109
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name **JAMES PAPAGNO**

Street Address (P.O. Box Number is Not Acceptable)
150 N. Federal Hwy #200

City **Ft Lauderdale** **FL** Zip Code **33301**

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 DATE **3-11-03**

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 **PVTS** ☐ Delete
NAME **PAPAGNO, JAMES**
STREET ADDRESS **2720 E. OAKLAND BLVD. -SUITE 109**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306** **address**

TITLE ☒ Change ☐ Addition
NAME **JAMES PAPAGNO**
STREET ADDRESS **150 N Federal Hwy Ste 200**
CITY-ST-ZIP **Ft Lauderdale, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)