

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90073 032 \*\*\*150.00

**DOCUMENT # P99000058180**

**1. Entity Name**  
**SAN JOSE MORTGAGE & INVESTMENT CORP.**



**Principal Place of Business**  
**6810 ST AUGUSTINE ROAD**  
**JACKSONVILLE FL 32217**

**Mailing Address**  
**6810 ST AUGUSTINE ROAD**  
**JACKSONVILLE FL 32217**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3585999**

Applied For

Not Applicable

**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**

**CARTER, KEITH M**  
**201 NORHT FRANKLIN STREET**  
**SUITE 2200**  
**TAMPA FL 33602**

Name

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

**101 E. KENNEDY BLVD.**

**SUITE 1790**

City

**TAMPA**

**FL**

Zip Code

**33602**

**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 **D**  
STREET ADDRESS **STRINGER, HARVEY EMORY JR**  
CITY-ST-ZIP **3605 SILVERY LANE**  
**JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition  
NAME **P/T/S/D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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**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: HARVEY E. STRINGER, JR. REQUIRED** **HARVEY E. STRINGER, JR.** **2/7/03** **(904) 737-3399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)