

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000088193**

1. Entity Name  
**CENTRAL FLORIDA MORTGAGE GROUP, INC.**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90023 017 \*\*\*150.00

Principal Place of Business

Mailing Address

**2713 MICHIGAN AVENUE**  
**KISSIMMEE FL 34744**

**2713 MICHIGAN AVENUE**  
**KISSIMMEE FL 34744**

2. Principal Place of Business

**903 EMMETT ST**

3. Mailing Address

**903 EMMETT ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**8**

**# 8**

City & State

**KISSIMMEE FL**

City & State

**KISSIMMEE**

Zip

**34741**

Country

**OSCEOLA**

Zip

**34741**

Country

**OSCEOLA**

6. Name and Address of Current Registered Agent

**HORTON, BILL W.**  
**2713 MICHIGAN AVENUE**  
**KISSIMMEE FL 34744**

**MARY JONES**  
**PO BOX 421151**  
**Kissimmee FL**  
**34742**

7. Name and Address of New Registered Agent

**MARY JONES**  
**903 EMMETT ST SUITE 8**  
**Kissimmee FL 34741**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-28-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **JONES, MARY L**  
STREET ADDRESS **PO BOX 421151**  
CITY-ST-ZIP **KISSIMMEE FL 34742**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 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

**1/26/02**  
Date

**407 944 4441**  
Daytime Phone #

CR2E034 (9/01)