

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90119 032 ***150.00

DOCUMENT # P99000091465

1. Entity Name
FIRST FLAGLER MORTGAGE & FINANCE CORP.



Principal Place of Business
14237 US HWY 1
SUITE 401
JUNO BEACH FL 33408

Mailing Address
14237 US HWY 1
SUITE 401
JUNO BEACH FL 33408

2. Principal Place of Business

11891 US Highway One
Suite, Apt. #, etc.
101

3. Mailing Address

11891 US Highway One
Suite, Apt. #, etc.
101

City & State

North Palm Beach FL

City & State

North Palm Beach FL

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STANTON, WALTER T	
STREET ADDRESS	333 SOUTHERN BOULEVARD SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	JENSON, VERONICA L	
STREET ADDRESS	333 SOUTHERN BOULEVARD SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, SHAWN M	
STREET ADDRESS	333 SOUTHERN BLVD SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

561 659-1390

Date

Daytime Phone #

CR2E034 (10/02)