

FILED
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Secretary of State

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

DOCUMENT # S55203 1. Entity Name TAYLOR, BEAN & WHITAKER MORTGAGE CORP.					
Principal Place of Business 101 NE 2ND STREET OCALA, FL 34470 US			Mailing Address 101 NE 2ND STREET OCALA, FL 34470 US		
2. Principal Place of Business No Changes			3. Mailing Address No Changes		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 59-3069381	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRASHEAR, BRUCE 926 N.W. 13TH STREET GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent No Changes		
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.			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
SIGNATURE No Changes					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
VCD DICKINSON, SHERRY D 101 NE 2ND STREET OCALA, FL 34471					
CEO FARKAS, LEE B 101 NE 2ND STREET OCALA, FL 34470					
D ROBERSON, CODA C III 101 NE 2ND STREET OCALA, FL 34470					
P BOWMAN, RAYMOND E 101 NE 2ND STREET OCALA, FL 34470					
VP MURRAY, ANDREW M 101 NE 2ND STREET OCALA, FL 34470					
Please remove					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 my address, with all other like empowered.					
SIGNATURE: Raymond E. Bowman 3-31-03 800-728-1129					