

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91348 022 ***150.00

DOCUMENT # K79138

1. Entity Name

OLYMPIAN MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

**7301 N. ARMENIA AVENUE
 TAMPA FL 33604-5202**

**7301 N. ARMENIA AVENUE
 TAMPA FL 33604-5202**

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 **59-2944381**

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

**TORRES, ANTHONY J.
 5614 PINE BAY DRIVE
 TAMPA FL 33625-4025**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **TORRES, ANTHONY J.**
 STREET ADDRESS **5614 PINE BAY DRIVE**
 CITY-ST-ZIP **TAMPA FL 33625-4025**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony J. Torres, President

Date

Daytime Phone #

5/17/01 **(813)**
931-3288

CR2E034 (10/00)

Attachment

844729

K79138

Per Suzanna, we
Are allowed to send report
late without charge. I'm
sorry they were unforeseen
circumstances - Call me if
you have any questions

Members of

National Association of Realtors

National Association of Mortgage Brokers

Florida Association of Realtors

Florida Association of Mortgage Brokers



Anthony (Tony) J. Torres, President
CRS, CRMS, GRI, CRML

REALTOR® and LICENSED MORTGAGE BROKER
Registered Real Estate Appraiser
Notary Public

OFFICE (813) 931-3288
FAX (813) 932-3035

TOLL FREE 1 (800) 672-0112
RESIDENCE (813) 962-6296
RES./FAX (813) 960-4170

7301 N. ARMENIA AVENUE ♦ TAMPA, FLORIDA 33604-5202