Sep 13 02 01:36p

FILED
Sep 18, 2002 8:00 am
Secretary of State
09-18-2002 90056 043 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011273

1. Entity Name
MEARS MORTGAGE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1875 N. CORPORATE LKS. BLVD	1875 N. CORPORATE LKS BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: BROWARD	Zip: 33326 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0977654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: COLEMAN, ANTHONY G. JR
Street Address (P.O. Box Number is Not Acceptable): 3275 W. HILLSBORO BLVD
SUITE 207
City: DEERFIELD BCH FL Zip Code: 33442

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY - ST - ZIP	PSDT COLEMAN, TONY 3275 W. HILLSBORO BLVD, #207 DEERFIELD BCH, FL 33442
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	PSDT FRANCAVILLA, JOHN ☒ CHANGE 1875 N. CORPORATE LKS. BLVD WESTON, FL 33326
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/10/02 954-384-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1