## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P95000029274 **DOCUMENT#**

1. Entity Name



## **FILED** Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90087 010 \*\*\*150.00

GATOR MORTGAGE SERVICES INC.			
Principal Place of Business 928 SOUTHWEST 51ST WAY GAINESVILLE FL 32607 US	Mailing Address 928 SW 51ST WAY GAINESVILLE FL 32607 US		
2. Principal Place of Business	3. Mailing Address		1
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES NO WARE
City & State	City & State		4. FEI Number NOT APPLICABLE Applied For NOT APPLICABLE
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current I	Registered Agent	Nama	7. Name and Address of New Registered Agent
REILLY, NANCY		Name	
928 SW 51ST WAY		Street Addre	dress (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32607			2.200
		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 a	nd title if applicable. (NOTE:	Registered Agent signature re	a required when reinstating) DATE
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP  D REILLY, NANCY 928 SW 51ST WAY GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition   Change ☐ Addition ☐ Change ☐ Chan
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with	☐ Delete  this filing does not qualify for t	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information we the same legal effect as if mode under oath; that I am an officer or director.

indicated on this report of 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. 352-367-