

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90021 025 ***150.00

DOCUMENT # 177085

1. Entity Name

Southland Mortgage Co., Inc.

Principal Place of Business

Mailing Address

299 Alhambra Cir., #420
Coral Gables, FL 33134299 Alhambra Cir. #420
Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

770 Claughton Island Dr.

770 Claughton Island Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2103

#2103

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

4. FEI Number

Applied For

59-0725423

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

Wilder, Robert E.
299 Alhambra Cir., #420
Coral Gables, FL 33134

Name same

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

770 Claughton Island Dr.

#2103

City Miami

FL

Zip Code

33131

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 Robert E. Wilder

4/27/00

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 the fee is \$550.00
State Check Payable to Department of State10. 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 PTSD ☐ Delete
NAME Wilder, Robert E.
STREET ADDRESS 299 Alhambra Cir., #420
CITY-ST-ZIP Coral Gables, FL 33134 ☐ DeleteTITLE PTSD ☒ Change ☐ Addition
NAME Wilder, Robert E.
STREET ADDRESS 770 Claughton Island Dr., #2103
CITY-ST-ZIP Miami, FL 33131 ☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

305-373-1334

Daytime Phone #