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

## 274738 **DOCUMENT #**

1. Entity Name

FOLITABLE MORTGAGE & INVESTMENT CO.



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90233 020 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322  TITLE NAME STREET ADDRESS CITY-ST-ZIP	LGOTTABL		G/102 W 111720												
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Surie, Apt. 9, etc.    Surie, Apt. 9, etc.   Surie, Apt. 6, etc.   Applied For					•			$\neg \uparrow$	l						ITH THE ITE
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Plantation, FL 33324 Plantation, FL 33324 Country  Zip 233224 USA 33324 Country  8. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name S. S. Cardificate of Status Desired Pee Required Registered Agent  7. Name and Address of New Registered Agent  Name S. S. R. MILLER, SARA  9480 NW 16 STREET  PLANTATION FL 33322  FL The above named entity sufmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent will be 4 system.  FILE NOW!!! FEE IS \$150.00  After May 1, 2009 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  MILLER, SARA  MILLER, SARA  SIRRET AUGUSS  OUT ST. 79  PLANTATION FL 33322  THE WARE  WILLER, SARA  SIRRET AUGUSS  OUT ST. 79  PLANTATION FL 33322  THE WARE  WILLER, SARA  SIRRET AUGUSS  OUT ST. 79  PLANTATION FL 33322  THE WARE  WA	City & State			City	& State			+	4. FELN	umber _				Ар	plied For
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PLANTATION FL 33322    City			_				Street Ad	dress (P.	O. Box N	umber is N	ot Acceptab	ile)			
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12. Thereby 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 path; that I am an officer or director															

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ress with all other like empowered. of the corporation or the receiver of trustee changed, or on an attachment with an addr

SIGNATURE:

954 370-3532

Daytime Phone #