

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90050 028 ***550.00

0106103 AT

DOCUMENT # 315260

1. Entity Name
KEYES-PENN MORTGAGE COMPANY

Principal Place of Business
317 RAVINIA WAY
LAWRENCEVILLE GA 30044
US

Mailing Address
317 RAVINIA WAY
LAWRENCEVILLE GA 30044
US

2. Principal Place of Business
2179 Lawrenceville Highway

3. Mailing Address
2179 Lawrenceville Highway

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

City & State
Lawrenceville, GA

City & State
Lawrenceville, GA

Zip
30044

Country
USA

Zip
30044

Country
USA

4. FEI Number
59-1169951

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PADIN, JUAN E.
10404 SW 115TH CT
MIAMI FL 33176

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
PTD
NAME
PADIN, LINNETTE M
STREET ADDRESS
317 RAVINIA WAY
CITY-ST-ZIP
LAWRENCEVILLE GA 30044

☐ Delete

TITLE
VD
NAME
PADIN, JUAN E.
STREET ADDRESS
10404 SW 115TH CT
CITY-ST-ZIP
MIAMI FL 33176-3140

☐ Delete

TITLE
SD
NAME
PADIN, ANA M.
STREET ADDRESS
10404 SW 115TH CT
CITY-ST-ZIP
MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **Schmitt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01
Date

170-339-7842
Daytime Phone #

CR2E034 (5/01)