

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416794

1. Entity Name

PRIME HOME MORTGAGE, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90117 041 ***150.00

Principal Place of Business

Mailing Address

14 OFFICE PARK DRIVE
SUITE 1
PALM COAST FL 32137
US

14 OFFICE PARK DRIVE
SUITE 1
PALM COAST FL 32137-3830
US

2. Principal Place of Business

3. Mailing Address

101 East Town Pl. Ste 500

101 East Town Pl. Ste 500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

St. Augustine, FL

St. Augustine, FL

Zip

Country

Zip

Country

32092

USA

32092

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JOSEPH H JR.
14 OFFICE PARK DRIVE
SUITE 1
PALM COAST FL 32137

Name

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

101 East Town Pl. Ste 500

City

St. Augustine

FL

Zip Code

32092

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPCE	<input type="checkbox"/> Delete
NAME	ADAMS, JOSEPH N JR.	
STREET ADDRESS	14 OFFICE PARK DR., STE 1	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FROMM, MARY	
STREET ADDRESS	14 OFFICE PARK DR., STE 1	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RYAN, VAUGHN	
STREET ADDRESS	14 OFFICE PARK DR., STE. 1	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BAUCA, RAYMOND L	
STREET ADDRESS	14 OFFICE PARK DR., STE 1	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CPCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph N. Adams Jr.	
STREET ADDRESS	101 East Town Pl. Ste 500	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Fromm	
STREET ADDRESS	14 Corporate Dr. Ste 17	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Holden	
STREET ADDRESS	101 East Town Pl. Ste 500	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chad Adams	
STREET ADDRESS	101 East Town Pl. Ste 500	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph N. Adams Jr.

Date

4/19/00

Daytime Phone #

904 940 1116