

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416794

1. Entity Name

PRIME HOME MORTGAGE, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90302 017 ***150.00

Principal Place of Business

101 EAST TOWN PL
STE 500
SAINT AUGUSTINE FL 32092
US

Mailing Address

101 EAST TOWN PL
STE 500
SAINT AUGUSTINE FL 32092
US

2. Principal Place of Business

475 WEST TOWN PLACE

3. Mailing Address

475 WEST TOWN PLACE

Suite, Apt. #, etc.

STE 115

Suite, Apt. #, etc.

STE 115

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

Zip

32092

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2809548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SYPNIEWSKI, FRANK A JR.
101 E. TOWN PL STE 500
SAINT AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

Name

FRANK A. SYPNIEWSKI, JR.

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

475 WEST TOWN PLACE, STE 115

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

Frank A. Sypniewski, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/01

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 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

TITLE CPCE
NAME ADAMS, JOSEPH N JR.
STREET ADDRESS 101 E. TOWN PL
CITY-ST-ZIP SAINT AUGUSTINE FL 32092 ☒ Delete

TITLE VP
NAME FROMM, MARY
STREET ADDRESS CORPORATE DR. 97 STE 1P
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE VPCF
NAME HOLDER, STEVE
STREET ADDRESS 101 E. TOWN PLACE STE 500
CITY-ST-ZIP SAINT AUGUSTINE FL 32092 ☒ Delete

TITLE VP
NAME ADAMS, CHAD
STREET ADDRESS 101 E TOWN PLACE STE 500
CITY-ST-ZIP SAINT AUGUSTINE FL 32092 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHASS SPIRES
STREET ADDRESS 475 WEST TOWN PLACE, STE 115
CITY-ST-ZIP ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition

TITLE VP
NAME MARY FROMM
STREET ADDRESS 1 CORPORATE DRIVE, STE 1-P
CITY-ST-ZIP PALM COAST, FL 32137 ☒ Change ☐ Addition

TITLE CE
NAME FRANK A. SYPNIEWSKI, JR.
STREET ADDRESS 475 WEST TOWN PLACE, STE 115
CITY-ST-ZIP ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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:

Frank A. Sypniewski, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

Daytime Phone #

CR2E034 (10/00)