

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90200 019 ***150.00

DOCUMENT # 416794

1. Entity Name

PRIME HOME MORTGAGE, INC.



Principal Place of Business

475 WEST TOWN PL
STE 115
SAINT AUGUSTINE FL 32092
US

Mailing Address

475 WEST TOWN PL
STE 115
SAINT AUGUSTINE FL 32092
US

2. Principal Place of Business

3. Mailing Address

2 Pine Lakes Parkway North

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

4

City & State

City & State

Palm Coast FL

Zip

Country

Zip

32137

Country

Flagler

4. FEI Number

13-2809548

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SYNIEWSKI, FRANK A JR.

475 WEST TOWN PL

SUITE 115

SAINT AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

Name

Syniewski, Frank A. Jr

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

2 Pine Lakes Parkway North

Suite 4

City

Palm Coast

FL

Zip Code
32137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPIRES, CHRISS
STREET ADDRESS 475 WEST TOWN PL STE., #115
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

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

TITLE DCE
NAME SYNIEWSKI, FRANK A
STREET ADDRESS 475 WEST TOWN PL STE., #115
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Suite #112

TITLE
NAME
STREET ADDRESS 2 Pine Lakes Parkway North, Suite 4
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 2 Pine Lakes Parkway North, Suite 4
CITY-ST-ZIP Palm Coast, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)