

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 686828

1. Entity Name

GENERAL MORTGAGE CONSULTANTS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90074 003 ***150.00

Principal Place of Business 6706 N. 9TH AVENUE. BLDG A STE 5 PENSACOLA FL 32504	Mailing Address 6706 N. 9TH AVENUE. BLDG A STE 5 PENSACOLA FL 32504-9303
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2. Principal Place of Business 2160 Creighton Road Suite, Apt. #, etc.	3. Mailing Address 2160 Creighton Road Suite, Apt. #, etc.
City & State Pensacola, Florida	City & State Pensacola, Florida
Zip 32504	Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2031301	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILES, JAMES W 6706 N 9TH AVE BLDG A STE 5 PENSACOLA FL 32504	
7. Name and Address of New Registered Agent Name GILES, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2160 CREIGHTON ROAD City PENSACOLA FL Zip Code 32504	

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 *James W. Giles* President DATE 2-16-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GILES, JAMES W 5219 CHUMUCKLA HWY PACE FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: *James W. Giles* President DATE 2-16-00 (850) 479-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 19/99