

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002402

1. Entity Name  
1ST DISCOUNT MORTGAGE CORP.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90003 001 \*\*\*558.75

0145726 SP

Principal Place of Business  
34901 WOODWARD AVE.  
BIRMINGHAM AL 48009

Mailing Address  
34901 WOODWARD AVE.  
BIRMINGHAM AL 48009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
34901 Woodward AVE  
Suite, Apt. #, etc.

3. Mailing Address  
34901 Woodward AVE  
Suite, Apt. #, etc.

City & State  
Birmingham, MICH  
Zip 48009  
Country Oakland

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4. FEI Number 38-3304571 ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOMER, RANDY  
10440 RAMBLE RIDGE  
WEEKI WACHEE FL 34613

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] DATE 07-17-01  
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME ROBIN, CHERYL  
STREET ADDRESS 4524 CASS ELIZABETH  
CITY-ST-ZIP BIRMINGHAM AL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Birmingham, MICH ☒ Change ☐ Addition

TITLE VS  
NAME NICKOLA, JANNISSE  
STREET ADDRESS 5536 PUTNAM  
CITY-ST-ZIP BIRMINGHAM AL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Birmingham, MICH ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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: [Signature] DATE 07-17-01 (248) 594-9800  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (5/01)