

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90137 042 \*\*\*558.75

0144714 AB

**DOCUMENT # F00000003531**

1. Entity Name  
**FUTURE MORTGAGE CORPORATION**



Principal Place of Business  
**66-R CHESTNUT STREET N.  
READING MA 01864**

Mailing Address  
**66-R CHESTNUT STREET N.  
READING MA 01864**



2. Principal Place of Business  
**94 Windkist Farm Road**

3. Mailing Address  
**94 Windkist Farm Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**North Andover, MA**

City & State  
**North Andover, MA**

4. FEI Number **91-2048883**

☒ Applied For  
Not Applicable

Zip  
**01845**

Country  
**USA**

Zip  
**01845**

Country  
**USA**

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

**COMPLIANCE CONSULTING CORPORATION OF FLORI  
DA 407 S. DIXIE HIGHWAY, SUITE 5  
LAKE WORTH FL 33460**

Name **Compliance Consulting Corporation of Florida**  
Street Address (P.O. Box Number is Not Acceptable)  
**521 LAKE AVENUE**  
City **LAKE WORTH** Suite **4** FL Zip Code **33460**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPV DEMAIO, FRANK 66-R CHESTNUT STREET N. READING MA 01864 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEMAIO, FRANK 66-R CHESTNUT STREET N. READING MA 01864 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPV DeMaio, Frank 94 Windkist Farm Road North Andover, MA 01845 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DeMaio, Frank 94 Windkist Farm Road North Andover, MA 01845 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/05/03 978-794-4770  
Date Daytime Phone #

CR2E034 (4/03)