

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90116 019 ***550.00

DOCUMENT # F00000005313

1. Entity Name
NORTHEAST HOME MORTGAGE CORPORATION

Principal Place of Business

94 EAST WATER STREET
TOMS RIVER NJ 08753

Mailing Address

94 EAST WATER STREET
TOMS RIVER NJ 08753

2. Principal Place of Business

325 Water St

3. Mailing Address

325 Water Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Toms River, NJ

City & State

Toms River, NJ

4. FEI Number **22-3601209**

Applied For

Not Applicable

Zip

Country

08753

Zip

Country

08753

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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

TITLE ☐ Delete
NAME **PCD LEMARIE, SHAWN**
STREET ADDRESS **24 HAINES COVE COURT**
CITY-ST-ZIP **TOMS RIVER NJ 08753**

TITLE ☐ Delete
NAME **VD ROMMEL, ROBERT**
STREET ADDRESS **1803 MEADOW ROAD**
CITY-ST-ZIP **WALL NJ 07719**

TITLE ☐ Delete
NAME **S HUGHES, KATHLEEN**
STREET ADDRESS **9 CENTER STREET**
CITY-ST-ZIP **BARNEGAT NJ 08005**

TITLE ☐ Delete
NAME **T ZUCCARELLI, KELLY ANN**
STREET ADDRESS **1249 CLEARVIEW STREET**
CITY-ST-ZIP **FORKED RIVER NJ 08731**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Kathleen Hughes
KATHLEEN HUGHES

8/31/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)