

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
 03-14-2002 90007 001 ***150.00

NR18000 AT

DOCUMENT # F00000005313

1. Entity Name
NORTHEAST HOME MORTGAGE CORPORATION

Principal Place of Business

325 WATER STREET
TOMS RIVER NJ 08753

Mailing Address

325 WATER STREET
TOMS RIVER NJ 08753

2. Principal Place of Business

923 Del Prado Blvd
Suite, Apt. #, etc.
Suite 204

3. Mailing Address

325 West Water Street
Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip **33900** **Country** **USA**

City & State
Toms River NJ

Zip **08753** **Country** **USA**

4. FEI Number **22-3601209**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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 \$150.00
After May 1, 2002 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**

11. OFFICERS AND DIRECTORS

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

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

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

TITLE **T** ☐ **Delete**
NAME **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

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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)