

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90086 013 ***150.00

DOCUMENT # F01000001483

1. Entity Name

FEDERATED HOME MORTGAGE, INC.

Principal Place of Business

Mailing Address

5380 PEACHTREE INDUSTRIAL BOULEVARD, #230
 NORCROSS, GA 30071

5380 PEACHTREE INDUSTRIAL BOULEVARD, #230
 NORCROSS GA 30071

2. Principal Place of Business

3. Mailing Address

Federated Home Mtg.
 Suite, Apt. #, etc.
 230

5380 Peachtree Ind. Blvd
 Suite, Apt. #, etc.
 (same as above)

City & State

City & State

Norcross, GA

(same as above)

Zip

Country

Zip

Country

30071

GA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2216761

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

COMPLIANCE CONSULTING CORPORATION OF FL
 521 LAKE AVENUE, SUITE 4
 LAKE WORTH FL 33460

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 X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 SGRO, FRANK P
 2015 LAKE SHORE LANDING
 ALPHARETTA GA 30005 ☐ Delete

TITLE
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☐ Change ☐ Addition

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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 supplement to 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 or other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-02 770-418-9494

0592186

AT

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CR2E034 (9/01)