

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0650892 AT

DOCUMENT # F02000005157

1. Entity Name  
BASIC MORTGAGE CORP. OF SOUTH FLORIDA



FILED  
03 FEB 10 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
136 W. VALLETTE. #10  
ELMHURST IL 6.126

Mailing Address  
136 W. VALLETTE. #10  
ELMHURST IL 6.126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-4404935

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

BASIC, JOHN N  
1080 S COLLIER #408  
MARCO ISLAND FL 34145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 PD  
STREET ADDRESS BASIC, MARGARET M  
CITY-ST-ZIP 789 SPRING RD  
ELMHURST IL 60126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000013273520  
02/28/03--01057--005 \*\*150.00

TITLE  
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CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
000013273520  
02/28/03--01057--006 \*\*8.75

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

630-993-1939

Date Daytime Phone #

CR2E034 (10/02)