

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90063 001 ***158.75

DOCUMENT # F27426

1. Entity Name
SOUND MORTGAGE CORPORATION



Principal Place of Business
290 SW 12TH AVE #4
POMPANO BEACH FL 33069
US

Mailing Address
290 SW 12TH AVE #4

POMPANO BEACH FL 33069
US

90023450



2. Principal Place of Business

3. Mailing Address

290 SW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

City & State

City & State

POMPANO BEACH, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33069

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

PERLOFF, JOHN W.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33316

Name

MARK ALLSWORTH

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

1177 S.E. THIRD AVENUE

City

FT. LAUDERDALE

FL

Zip Code

33316

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

1/26/03

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 **DP** ☐ Delete
NAME **BARRETT, SCOTT A.**
STREET ADDRESS **290 SW 12TH AVE #4**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **AS** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **SHANNON, PHILLIP W.**
STREET ADDRESS **290 SW 12TH AVE #4**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **DST** ☐ Delete
NAME **NOVAK, KENNETH E.**
STREET ADDRESS **290 SW 12TH AVE #4**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **Y** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SOUND MORTGAGE CORPORATION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2003

Date

954 491-6471

Daytime Phone #

CR2E034 (10/02)