

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000482

1. Entity Name

ABBOT MORTGAGE SERVICE, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90038 010 ***150.00

C0036842



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1320 OLD CHAIN BRIDGE RD.
SUITE 320
MCLEAN VA 22101
US

Mailing Address
1320 OLD CHAIN BRIDGE RD.
SUITE 320
MCLEAN VA 22101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-1061105

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAHONEY, JOSEPH J III
9900 SOUTH OCEAN DRIVE
@1204
JENSEN BEACH FL 34957

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, 2001 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

DCP
MAHONEY, JOSEPH J III
9900 SOUTH OCEAN DR., #1204
JENSEN BEACH FL 34957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTS
SIMPSON, RONALD W.
1469 CHURCH ST NW
WASHINGTON DC 20005

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MAHONEY, JOSEPH J JR.
2616 N. GLEBE ROAD
ARLINGTON VA 22007

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD W. SIMPSON

16 MAR 01

Date

703 356 0436 x207

Daytime Phone #

CR2E034 (10/00)