

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0622068 AT

DOCUMENT # F92000000482



FILED

03 OCT 24 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

☐ CHECK HERE IF MAKING CHANGES

1. Entity Name
ABBOT MORTGAGE SERVICE, INC.

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

Zip

Country

Zip

Country

4. FEI Number 54-1061105

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

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

SIGNATURE Joseph J. Mahoney III

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

(NOTE: Registered Agent signature required when reinstating)

DATE 10/20/03

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 DCP
NAME MAHONEY, JOSEPH J III
STREET ADDRESS 9900 SOUTH OCEAN DR., #1204
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100023720181
10/24/03--01019--012 **208.75

TITLE VTS
NAME SIMPSON, RONALD W.
STREET ADDRESS 1469 CHURCH ST NW
CITY-ST-ZIP WASHINGTON DC 20005 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100023720181
10/10/03--01088--013 **550.00

TITLE D
NAME MAHONEY, JOSEPH J JR.
STREET ADDRESS 2616 N. GLEBE ROAD
CITY-ST-ZIP ARLINGTON VA. 22007 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (10/02)